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ORIGINAL LECTURES.

ARTIFICIAL FEEDING OF INFANTS.

A Clinical Lecture delivered at the Pennsylvania Hospital, October 25, 1882.

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(Reported by CHARLES BAUM, M.D.)

GENTLEMEN: I have here two French books, from each of which I will read you an extract as an introduction to my subject for to-day. That subject is the artificial feeding of infants, with the importance of which it will be my endeavor to impress you. These books are *La Vérité sur les Enfants Trouvé*, par le Dr. Brochard, Paris, 1876, and *Histoire des Enfants Abandonnés*, etc., par Ernest Semichon, Paris, 1880.

M. Semichon says, "In the archives of Rouen we find that between Jan. 1, 1800, and Dec. 31, 1859, inclusive, thirty-six thousand five hundred and four infants were placed in the 'Tour' of the foundling hospital. About thirty-two thousand eight hundred and fifty or sixty of these died in the sixty years, making a mean of about ninety deaths in each hundred."

My quotation from the book of Dr. Brochard is as follows: "There appeared a few months ago, in the 'petit journal,' the following: 'Nothing more original, and at the same time more practical, can be found than the new dog kennels at the Zoölogical Garden. This actual palace contains the purest and most useful types, from the terrier to the large Siberian grayhound, and from the bold dog of the Pyrenees to the Skye terrier. These interesting animals have large cages, with comfortable boxes furnished with bedding and coverings, and a *special cuisine!*' While the public is in ecstasies about the *special cuisine* for foreign dogs, there die each year in the foundling hospital at Lyons, during the first eight days after birth, one-tenth of all the infants taken there, for want of a *special cuisine;* that is, for want of wet nurses. At Tours, in the foundling institute, the mortality in 1872 was forty-one in ninety-one, thanks to the want of a *special cuisine;* that is, to the want of nurses. In 1874 the mortality at Tours was, from the same need, 86 or 87 in 100. What a pity the foundlings, in place of being in the care of the general government, were not in the hands of the authorities of the Zoölogical Garden! They would then be cared for as carefully as the little brutes, and would have, what they now lack, a *special cuisine* and be housed on hygienic principles."

Terrible as are the figures I have just read to you, the results attained in the foundling ward of the Philadelphia Almshouse are still worse. A few years since the published mortality was one hundred per cent., which means that every foundling taken there died. In justice to our Almshouse, and to foundling hospitals in general, it should be said that their mortality must always be high, as the infants they receive are from the very scum of the earth, being in many instances the offspring of prostitutes, criminals, and drunkards, and consequently often suffering from congenital syphilis and all forms of wasting infantile diseases; again, many of them are already half-dead from exposure upon doorsteps and cellar-ways before they are picked up and taken to an institution. All this, however, will not account for the excessive mortality in most of the hospitals, and particularly in our Almshouse. Many of the deaths are attributable to neglect and improper feeding; from carelessness and inattention to cleanliness about the food, and from ignorance, on the part of the persons in charge, of what constitutes proper diet for the new-born.

The child I now show you was born July 15, 1882. His mother, a French woman 35 years of age, and far advanced in pregnancy, was treated in this hospital for typhoid fever, and was discharged, cured, on June 16, 1882. During her entire attack she complained bitterly of pain in the hepatic region and was constipated, many scybala being discharged from time to time after the employment of simple enemeta. Just seventeen days afterwards she returned to the hospital suffering with agonizing pain in the region of the liver, accompanied with fever. There was a large discharge of pus and blood from the rectum twenty-four hours before death, and from a second attack of the same character she died. In the last few minutes of life the infant before you was born in an extremely cyanotic condition, respiration being only slowly and with difficulty established. His entire cutaneous surface was soon found to be jaundiced to an unusual degree; this, however, gradually disappeared.

A post-mortem examination of the body of the mother showed the gall-bladder to have been converted into an abscess, which was adherent to the small intestine, into which perforation had taken place. Five large gall-stones were found in the sac, and seven others in the intestine. There were cicatrices in many of Peyer's patches in the ileum.

The infant was very small, but its finger-nails were well formed; the facial expression was that of an old man, the forehead being wrinkled, and the skin harsh and dry. The muscles were flabby. The food ordered for it was milk one part and water three parts, with ordinary cane sugar to make it moderately sweet. Upon this it did not thrive, having much colic, and green stools with occasional vomiting of firm curds, want of appetite, and sleeplessness.

On the first of August, when I assumed charge of the ward, this infant was taking from three to four fluidounces of diluted milk in the twenty-four hours. He had frequent green stools, and his condition was so bad that all the persons in charge of him had fully determined that he must die. I at once placed him upon the use of a food I have devised within the last year, and with which I have thus far attained very good success in as many cases as I have had the opportunity to try it. It contains the same elements as are found in human milk, and in more nearly the same proportions, than any other food heretofore recommended. This consists of two parts of cream, one of milk, two of lime water, and three parts of a solution of milk sugar of the strength of 17¾ drachms to the pint of water. The milk to be used, should be good ordinary cow's milk, and not the very rich milk of Jersey or other high-bred stock, and the cream in the same way should be such as is usually sold in cities, and not too rich, containing about 16 or 17 per cent. of fat. The quantity of this food taken by a new-born infant should be two or three fluidounces every two hours, and if it thrives, it will soon take as much as a gill every two hours.

The best way to prepare and use my food is to order five or six packages of milk sugar, containing 17¾ drachms each; the contents of one of these to be dissolved in a pint of water, and each time the child is to

be fed, let there be mixed together, and then warmed, three tablespoonfuls of the sugar solution, two of lime water, two of cream, and one of milk. This makes about a gill, and as much of it as the child does not take should be thrown out, and a fresh mixture made for the next feeding. The solution of sugar should be kept in a cool place, and at once thrown away if it sours, as occurs if kept more than a day or two in warm weather. The dry sugar keeps indefinitely, and is easily dissolved in warm water. A pint bottle should be kept for the purpose of containing the solution, to serve also as a measure of the quantity of water to be used with each package dissolved, and also to save further measuring.

The infant I show you, was at the same time ordered twenty drops of brandy, to be given every two hours, and a few days later took four times daily a teaspoonful of a 25 per cent. emulsion of cod-liver oil, containing in solution a quarter of a grain of pyrophosphate of iron. Shortly after he began the use of the food and tonics his condition improved; he became much less wrinkled and had a better color; his appetite awakened and he would cry when hungry, instead of lying in a lethargic condition, as he did during the first two weeks of life. As the improvement progressed he passed a very large quantity of urine, it being impossible to keep him dry. This is a symptom I have frequently noticed in infants recovering from wasting conditions, resulting from malnutrition. His condition was one of progressive improvement until about Sept. 26, when he became feverish and had some slight coryza; a macular and scaly syphilitic eruption soon appeared upon the face, head, neck, and palms of the hands and soles of the feet. For a few days it seemed as though he would die, but under the use of mercurial ointment, of which a piece as large as a pea was rubbed into the groins once each day, and a grain of potassium iodide given three times daily, he soon improved, until he reached the condition in which I now show him to you. His daily quantity of food is now more than three pints in twenty-four hours, and he often takes more than a gill at one feeding.

About two years ago I became interested in the analysis of cow's milk, and from this I was led, by an accident almost, to attempt to analyze a specimen of human milk, My surprise was great when I found a proportion of only about one per cent. of casein instead of three to four, as exists in cow's milk. I at first supposed this to be due to some error in my process, but after making a number of analyses and getting always approximately the same result, I concluded that perhaps I had only arrived at what was actually true. In pursuing the subject I am more and more convinced of the correctness of this view. I will not here dilate further upon the actual methods of analysis, but will refer any of you who may be interested in the subject to a paper I read last winter at a meeting of the Philadelphia County Medical Society, which was published in the *Philadelphia Medical Times* of July 1, 1882.

The analyses of human milk heretofore published have differed so widely that it is impossible they can all be correct. I will quote three analyses to show you how great is the divergence of the results obtained—one by Henri and Chevallier; a second by Vernois and Becquerel, and the third by Messrs. Dolan and Wood, published in the *Practitioner* not long since.

	H. and C.	V. and B.	D. and W.
Water,	87.95	88.908	89.045
Fat,	3.55	2.666	1.764
Casein,	1.52	3.924	7.005
Sugar,	6.50	4.364	1.921
Ash,	.45	.138	.265
		100.000	100.000

You will observe that the great difference in the figures lies in the estimates of the amounts of casein and sugar, the other elements being all sufficiently nearly parallel; but I do not think it possible that human milk can vary as much as these analyses would lead us to believe; particularly the estimate of casein given by Messrs. Dolan and Wood appears to be manifestly absurd; human milk can never contain such an amount. The mean given by Vernois and Becquerel is that of eighty-nine analyses they made, and is accepted as the standard by most authorities upon the subject. An examination of the three analyses shows conclusively that if milk has any uniformity of composition at all, not more than one of the three can be correct.

In order to arrive at a correct idea of the composition of human milk I have made a number of analyses, taking upon one occasion an equal quantity of milk from twenty-seven women in the Philadelphia Almshouse, which was kindly furnished me by Dr. Fairfield, the resident physician, with the permission of Dr. John M. Keating, who had charge of the ward at the time. An analysis of this gave me an average of the composition of the milk of these women. On another occasion I procured from the same source the mixed milk of eight negro women, and analyzed it also; to these two analyses, I added eight separate analyses I had made of the milk of different women, and by a simple process of arithmetic I arrived at an average of the composition of all. This gave me the mean average composition of the milk of forty-three different women.

Taking the average thus arrived at as my standard, I have endeavored to synthetically construct a food which would be as nearly as possible like human milk in composition. Analysis of the food, the proportions of which I have already given you, show that I have at least approximated this result. I will shortly present to you the actual figures of an analysis I have made of the artificial food suggested.

No one will pretend, I think, at the present day to claim that any results have ever been attained, by any plan of artificial feeding yet devised, that are at all comparable to those obtained by nursing. In the foundling hospital of Moscow, we are told by M. Parrot that admirable results are obtained by the plan carried out there. To each two infants there is one nursing woman, either the mother of one of them or not, as the case may be; this woman is obliged to alternately nurse and feed the two infants, of whom she has charge. The success of this plan is great, but still the mortality is large. In France, as I have already shown you, the death rate is eighty or ninety per cent. and in our own city almshouse, it has been, at times at least, still worse.

Considering all this, I think it may fairly be assumed, that if we could find a food more nearly like human milk, we would greatly lesson the mortality among hand-fed infants. It cannot be that the mere drawing of the milk out of the breast through the nipple is what makes it so immeasurably the best food for the human infant. It must be that nature has prepared a food which is most digestible and exactly what is required by the infant stomach for the healthy nourishment of its body, and it is likely that if we could procure human milk as we can cow's milk, and give it to infants, we would attain a success approximating, although not equal, to that attained when the child draws its nourishment from its mother's breast.

Thus far there has been a great and unfortunate divergence in the views of physicians upon the proper method of artificial feeding. M. Parrot advises the administration of pure cow's milk; so I believe does Dr. Jacobi, of New York; many order it diluted with water, and it almost seems that the various methods are as numerous as the physicians who advise them.

Of later years, a great deal has been said about cream mixtures, and Dr. Biedert (a German) in particular has written much on the subject, strongly urging the use of diluted cream.

Condensed and preserved milks have lately attained a great reputation as admirable foods for the new-born, and the results are much better, if properly managed, than are commonly obtained by the use of simple watered cow's milk; the amount of casein in con densed milk, as ordinarily used, being less than in fresh cow's milk, and consequently the infant has not the leathery, cheesy coagula to contend with, that are so apt to be vomited when cow's milk alone is used. Preserved milk is usually ordered in this city to be given in the proportion of one teaspoonful to six tablespoonfuls of water. I made a mixture in this proportion, carefully analyzed it, and found it to contain only about one per cent. of fat; herein lies its defect as an artificial food, for this is too small a proportion of fat to adequately sustain an infant. There is rather less than one per cent. of casein, which accounts for its success, for casein so diluted cannot form leathery curds. The amount of sugar contained is also too small, being only about five per cent. The evil of giving too little fat and sugar is not such a present and active one, as the giving of too much casein, which at once forms heavy tough curds, and in all but very healthy infants soon weakens or arrests the digestion.

I will now show you in parallel columns four analyses, in order that you may inspect and compare them. It will be observed that the human milk and my artificial food are very nearly alike in composition, except in the matter of ash; while the pure cow's milk is widely different, containing a much larger proportion of casein, and less sugar. The condensed milk mixture falls below all the others in the quantity of each element, except the water and ash, and it will be observed that, as the fat and casein bear the same relative proportion to each other as they do in pure cow's milk, it would be impossible to dilute or mix it in such a way as to have the elements in the proportions contained in human milk, for by increasing the quantity of condensed milk used, to get more fat, we add at the same time too large an amount of casein.

	Human. (Mean composition from milk of 43 women.)	Artificial Food.[1]	Cow's (Wanklyn.)	Condensed. (one teaspoonful to six tablespoonfuls.)
Water,	87.163	88.357	87.551	92.673
Fat,	4.283	3.506	3.071	1.095
Casein,	1.046	1.214	4.043	.868
Sugar,	7.407	6.669	4.626	5.206
Ash,	.101	.254	.709	.158
	100.000	100.000	100.000	100.000

Theory leads us to believe that a food, such as the one of which I have advised you to make use, is a proper one, analysis showing it to be very much like human milk. Upon theory alone, however, I should not venture to take so bold a step as to advise the use of any special food for so delicately organized a being as a human infant. In this instance, however, theory goes hand in hand with the teachings of experience; for, as I have already told you, many persons have before recommended the use of cream, and others have advised that milk sugar be used, and almost all advocate the use of lime water in greater or less quantity. My father, Dr. J. Forsyth Meigs, has for years been in the habit of advising equal parts of milk, cream, lime water and a weak arrow-root water, as a food for infants, and has often had admirable results from its use. Dr. Biedert and others, whose name is legion, recommend increased quantities of fat obtained by the use of diluted cream. Human milk when fresh, if tested with litmus paper, is almost always found to be alkaline in reaction; cow's milk, on the contrary, is almost universally acid. The addition of lime water to cow's milk in the proportions I have advised changes this acid condition to one of alkalinity, and thereby makes it more like human milk, even if the lime water has no ulterior effect which we do not yet comprehend. So you see I have directed nothing absolutely new, taking merely scattered ideas which have come from many quarters and formulating them, experience having taught me that human infants require more fat than is commonly given them, and my analysis having shown that our common foods also fail, partly because they contain too little sugar. One great advance, however, is in formulating precisely in weights and measures how the food should be made, its composition being so simple that almost any woman can easily comprehend and carry out the directions.

In synthetically constructing the food, I have profited first and principally by what experience has taught me, that cow's milk contains too much casein, and that if it is diluted there is too little fat and sugar. Then practice having shown me these difficulties, but not having taught me how to overcome them, my analyses of human milk unfolded to my comprehension its exact composition. Thus you see, having perceived from experience how our present methods fail and in what they are wanting, theory and scientific examination teach how we may at least hope to correct our former errors; for when practical knowledge and theory go hand in hand and explain all the premises, it will be indeed strange if we do not arrive at the truth. If time, which is the great critic and judge in all such matters, deciding these questions with even-handed justice, should show my theory, which is secondary and dependent upon my observations, to be correct, I shall think I have accomplished much towards the saving of human life.

[1] The cream used to make this food happened to contain only 12 per cent. of fat, so that element is in slightly too small quantity. Cream, however, being a variable substance, the amount of fat must always differ.

ORIGINAL ARTICLES.

ON THE GROWTH OF ASPERGILLUS IN THE EAR, WITH A CASE OF THE RARE FORM OF THE PARASITE, THE ASPERGILLUS GLAUCUS.

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THE first observations of the growth of a fungus in living animal tissues were made by German and French scientists, in the first half of this century. These men based their statements on what they found in the lungs and air-vesicles of birds. Virchow, too, observed fungi, perhaps the aspergillus, growing in the lungs of man.

The first demonstration of the development of fungi in the ear of living man was given by Mayer[1] and by Paccini.[2] Later cases of the growth of this fungus in the ear and the symptoms of disease caused by it were narrated by Schwartze[3] and Wreden,[4] and

[1] Müller's Archiv, p. 401, 1844.

[2] Supra una Muffa parasita (Mucedo) nel condotto auditivo. Florence, 1851.

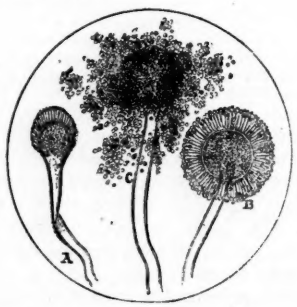
[3] Archiv f. Ohrenheilkunde, Bd. II., 1865.

[4] Ibid., Bd. III., 1866.

by others in Germany and in this country. In the first volume of the *American Journal of Otology*, 1879, the writer of this article reported twenty cases of the growth of Aspergillus in the human ear, all of them instances of the occurrence of the commoner form, the *A. nigricans*. There are, however, two forms found in the living human ear, both of which cause disease with similar symptoms, viz., the *A. nigricans* and the *A. glaucus*.

The Aspergilli belong to the division of fungi called arthrospores. In the same division are other fungi which become parasites of living man, viz., the Tricophyton, Microsporon, the Achorion, and the Oïdium. The Aspergillus, however, resembling in form ordinary mould, shows a decided or specific tendency to grow in the ear of man. It appears in the ear in one of two forms, either the *A. nigricans* or the *A. glaucus*. These two forms are never found together, so that it is manifest from this alone that the two forms are not different stages of growth of the same fungus. Nor do we find any blending of the two forms, nor any transitions from one to the other, as must be the case if they were two forms of the same plant. Nor is it, in any instance, ordinary mould modified by growing in the human ear, for the fungus taken from the ear and cultivated in a glass jar produces the same form over and over, as was seen in the original piece taken from the ear. Moreover, it is not identical either macroscopically or microscopically with ordinary blue or green mould. From repeated observations—twenty-six cases, some in both ears—I am inclined to regard, with Wreden, the Aspergillus found in the ear of man as the specific aural fungus.

But whether this latter view be correct or not, it is very certain that two distinct kinds of aspergillus are found in the ear of man. The characteristic difference between the two varieties of aspergillus found in the ear of man is seen in the shape and size of the *receptaculum* and the arrangement of the *sterigmata* upon it, these two parts forming the so-called "head," or *sporangium*.



The heads or sporangia of *A. nigricans* are distinguished from those of the rarer form, the *A. glaucus*, by the fact that in the former the sterigmata cover the round receptaculum (B in figure) on all sides, while in the latter form the lower fourth or fifth of the ovoid receptaculum is entirely free from sterigmata (A in the figure). They are distinguishable, therefore, by their shape and not by their color. Of the rarer form, the *A. glaucus*, I have seen but three cases, two of which occurred in my own practice, since the publication of the paper on twenty cases in 1879. Both of these were women, living in the best of hygienic surroundings, and in each both ears were simultaneously affected. The first case has already been reported[1], and the second case has recently been observed, and will be given after a short general consideration of the etiology of the growth of aspergillus in the ear and the otitis excited by it.

Etiology.—The meatus and auditory canal being wounded by pins, or any instrument used for scratching the ear, or the discharge from a boil in the canal being allowed to remain there after the disease has ceased, is an invitation to the spores of the Aspergillus, a saprophyte, to settle upon putrescent animal matter. The same nidus is offered when sweet oil, or any grease, is allowed to become rancid in the ear. The parasite naturally seeks a secluded spot for growing, and hence begins to flourish first upon the inner end of the auditory canal, viz., on the membrana tympani. This excites a myringitis, confined primarily to the dermoid layer of the drum-head and of the inner end of the auditory canal. Though at first this is not a severe inflammation, yet if the Aspergillus is allowed to remain in the ear, the fungus sinks into the fibrous layer of the membrana tympani, the otitis externa becomes more severe, and the parasite, by sinking deeper into the drum-head, finally may enter the drum-cavity, and an otitis media is then set up. This is not ordinarily or rapidly the case, because the successive false membranes of mycelium and epithelium tend to undergo spontaneous detachment from time to time. This is due to the increasing inflammation caused by the growth of the fungus, and the loosening effects of the discharge caused by the disease, but the loosening effect is not sufficient to cause entire removal of the false membrane and all the spores from the ear. At last, if the Aspergillus is not removed and its spores in the ear destroyed by treatment, the drum-membrane ceases to resist the increasing strength of the parasitic vegetable growth, the fungus runs its rootlets and mycelial web into the parenchyma of the delicate membrane, gains the tympanic cavity, and a deeper and more inveterate disease is established. The case of otitis externa, excited by the growth of the rarer form of Aspergillus, the *A. glaucus*, recently observed by the writer, was as follows:

Mrs. J., aged 30, living in the best of hygienic surroundings, has felt for a long time an itching in her ear, to relieve which she has repeatedly and imprudently scratched her auditory canals with hair pins, etc., and irritated the skin of the ear. Within a month both ears have itched more and more, first the left and then the right. The itching was followed by lancinating pains at long intervals, some watery discharge, and a muffled sense of hearing. The walls of the meatus of each ear became swollen and the ears tender in front of tragus.

[1] Transactions of the Pathological Society of Philadelphia, vol. ix., 1879.

On the left side, first attacked, the process of growth in the fungus and the inflammation had been arrested apparently by the patient's forcing, in her manipulation of her ear, some cerumen inward upon the fungus—showing what I have already called attention to, that Aspergillus will not flourish in or upon healthy cerumen. Underneath the ear-wax, however, the perfect Aspergillus was found preserved but arrested in growth.

In the right ear the fungus was in active growth upon the membrana tympani, its favorite habitat, and the inner end of the auditory canal. These parts were deeply injected, sensitive to the gentlest touch, even with cotton on a probe, excoriated, and exuding serum. The sides of the meatus, too, were swollen and the ear in front of tragus sensitive.

Treatment.—The treatment given in detail of this case may be considered as a sketch of that which is best for the cure of Aspergillus in the ear in general. The treatment consisted in first syringing the ears gently with warm water, in order to remove as much as possible of the mycelial false membrane. From each ear there was thus removed a glove-finger cast of the fundus of the auditory canal and membrana tympani. Upon microscopic examination this revealed the *A. glaucus* in perfection. Then into each ear there was gently blown finely pulverized boracic acid, by means of a flexible blow-pipe, made of a foot of black rubber-tubing and a quill-holder at the distal end for conveying the powder into the speculum. The operation was done under perfect illumination by light reflected from the forehead mirror.

The next day the left ear was found very little inflamed and the sense of hearing less muffled. But as some spots of mycelial false membrane were still seen around and upon the drum-head, there was blown into the fundus of the ear, to cover these spots, a powder consisting of

Salicylate of chinoline, ... ʒj.
Boracic acid, ... ʒj.

The right ear was still somewhat inflamed, but less than on the previous day. The hearing was still muffled, and a false membrane was seen to be still over the drum-membrane at spots. The lancinating pains had become less frequent. The ear was syringed, and some pieces of false membrane, which had undergone detachment, came out. Over the still inflamed drum-membrane plain boracic acid, powdered, was blown, as upon the previous visit. Upon the third day the left ear had become normal in every way.

The right ear was very much better and the meatus less occluded by swellng, but the fundus was still swollen and moist with serum, and spots of the fungus were still visible. No pain had been felt since the previous day, but the hearing was still muffled, though less than on the previous day. Again powdered boracic acid was blown into this ear.

On the fourth day the left ear continued well, and the right was very much better in every way. There was, however, still some ulceration of the dermoid layer of the front and upper part of the drum-membrane, but there were no signs of mycelial formation or of discharge. Plain boracic acid powder was blown in over the drum-membrane after it was found that the chinoline-boracic acid powder caused some pain and had been syringed out.

On the fifth day the right membrane had resumed largely its normal contour, the swelling and inflammation being confined to the skin of the auditory canal about the periphery of the membrana tympani. The boracic acid blown in at the previous visit having become a little pasty, it was washed out and fresh boracic acid blown in. The hearing was much less muffled, and the ear began to feel natural once more.

On the sixth day, the right ear was well. Some powdered boracic acid was allowed to remain over both drum-membranes and the inner end of the auditory canal about the membrana tympani, in order to sterilize the region and render it unfit for the growth of the fungus, a plan I always follow now in the treatment of Aspergillus cases after they have become healed.

Until within a year I had found that alcohol, either pure or diluted with water, was the best parasiticide in cases of Aspergillus in the ear. Lately, however, that has been entirely abandoned for the prompter, gentler, and more convenient powder of boracic acid, borax, boracic acid with chinoline, or boracic acid with resorcin, one part of the latter to seven of the former.

The surgeon should blow in the selected powder every day till the parasite ceases to be reproduced and the ear has regained a normal condition. This will require but a few days, whereas the treatment by alcohol instillation used to require sometimes weeks, and always occasioned more or less smarting and, in some instances, pain. The powder insufflations are drying in their tendency, but the fluid treatment in any form, is macerating, and hence rather favors the growth of the fungus, and in many cases seems to favor or provoke an eczema, which is a troublesome complication. The dry treatment, therefore, is eminently successful in otitis externa excited by the growth of Aspergillus in the ear.

Theobald, of Baltimore, recommends as an efficient parasiticide in these cases, a powder of equal parts of boracic acid and oxide of zinc. I have found no powder so efficient as a parasiticide as that consisting of boracic acid and chinoline, in the proportions already given, because both ingredients are known to destroy bacteria and low forms of animal or vegetable life. But if the skin layer of the membrana tympani or of the wall of the auditory canal is broken, the chinoline-boracic acid powder, as given, will cause pain. But in such cases either the chinoline can be lessened or recourse may be had to pure boracic acid, which is nearly as efficient and so bland as to be borne by any ear.

COSMOLINE AND PETROLEUM IN DIPHTHERIA, WHOOPING-COUGH, AND MEASLES.

BY HARVEY L. BYRD, M.D.,

PRESIDENT AND PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, BALTIMORE MEDICAL COLLEGE, BALTIMORE, MD.

I HAVE been using petroleum locally to the throat for some time past whilst administering cosmoline internally as a remedy in diphtheria; and I beg to

add my testimony now to the value of petroleum and its preparation, both as remedies and prophylactics, in this terrible scourge. I am accustomed to administer cosmoline alone in alternation with lac sulphuris, or in conjunction with it, in eight to fifteen-grain doses of each, according to the age of the child, every two to four hours as required, whilst petroleum is applied to the throat externally. It has been used likewise with quinia, boracic acid, etc., with good results. And while I regard it as the chief factor in procuring relief in diphtheria, the gravity of the disease is such that I have refrained from relying upon its internal use to the exclusion of other remedial agents. I am quite decided in regard to its prophylactic powers, however, and have no hesitation in saying that I feel quite sure that more enlarged experience of the profession will assign it a high place on the list of *preventive*, if not that of *curative* agents also, in diphtheria. I am now accustomed to recommend the administration of cosmoline twice a day to the well children of a family, as soon as called to a case of the disease, and after considerable experience in that way, am pleased to say, with the result of protecting all those from the disease who have taken it in accordance with my directions. Did this statement seem to require the support of cases, it would be an easy matter to extend the length of this paper to several pages with the relation of the instances in which its prophylactic action was indubitably established, or proven so far at least as intelligent and deeply-interested human observation and testimony are capable of deciding anything. It is not deemed inappropriate to add a few words more on the use of cosmoline in two other diseases that affect the same, and anatomically adjacent, parts, and in both of which its action has been highly satisfactory. Those diseases are whooping-cough and measles. Having been satisfied for a long time past that a very large percentage of the diseases to which flesh is heir originate in specific germs, or spores, and that they are without doubt the *fons et origo* of all contagious diseases, I have directed my thoughts and investigations towards neutralizing their action, or the destruction of these extraneous organisms as far as practicable, by the use of appropriate remedies for such purpose.

Experience has demonstrated to me that cosmoline will lessen the violence of the paroxysm in whooping-cough, and loosen, as well as lessen, the mucus quite promptly, and while it may not abate to a considerable extent, it does undoubtedly mitigate, the violence of the attack and shortens the general course of the disease. I feel convinced that it also possesses excellent prophylactic powers in that disease. I have recommended it in repeated instances to the unaffected children in families, after the invasion of the disease, and I think I can say that it has always protected them when given regularly. It allays the cough, and other unpleasant symptoms, in measles, in a satisfactory manner, and I seldom prescribe anything in addition beyond Dover's syrup, or paregoric to procure rest or prevent the bowels from acting too freely. Of its prophylactic power, in this last disease, I am not prepared to speak with much confidence, as I have not tested its action in that way; but reasoning from analogy, as well as from experience in the diseases alluded to above, I should likewise expect satisfactory results from it in that way in an epidemic of measles. The field of usefulness which petroleum and its preparations must occupy, and act a conspicuous part in, in the future is a large one, and it grows more inviting to the scientific physician every day, as the *germ theory* of the origin of diseases becomes more and more *un fait accompli;* and as the arcanum of nature is rapidly yielding up its secrets to the unceasing demands of the great workers in our profession, the time for the fulfilment of this prognostication must be near at hand.

127 N. ARLINGTON AVENUE, September 19, 1882.

HOSPITAL NOTES.

VIENNA GENERAL HOSPITAL.

(Service of PROF. CARL BRAUN.)

CÆSAREAN SECTION FOR CARCINOMA CERVICI UTERI.

(Specially reported for THE MEDICAL NEWS.)

AN interesting case of carcinoma cervicis uteri graviditate has been recently observed and treated in Professor Braun's wards. The patient, a Styrian peasant woman, married, thirty-nine years old, presented herself at the clinic, complaining of unusual pains in her third pregnancy. She stated that her first pregnancy occurred in her nineteenth year, and teminated in the spontaneous delivery of a matured child; her second pregnancy followed in her twenty-ninth year, and resulted in the easy birth of another child at full term.

In January, February, March, and April of the present year, she had alarming hemorrhages from the genitals. The time of the hemorrhage and the quantity of blood lost were very variable. At the same time with this loss of blood, she began to feel sharp cutting pains, radiating from the sacrum to the umbilicus and shooting down the lower extremities into the feet. These pains kept constantly increasing in severity, until within ten weeks she had not been able to sleep for any length of time day nor night. A foul-smelling vaginal discharge was observed about the time of the hemorrhages, which also kept increasing in quantity and fetor up to date of admission into the hospital.

Menstruation ceased in May, according to her own story, and she dated her pregnancy at the latter end of April. Her appetite was exceptionally good, but her bowels were moved only upon the exhibition of a laxative.

The patient was tall, moderately thin and anæmic, with a generally cachectic appearance. Abdominal palpation revealed pregnancy in the eighth lunar month, transverse presentation, second position of the fœtus. The placenta was located upon the right side, anterior wall of the uterus. Vaginal examination revealed the cervix uteri infiltrated around its circumference with carcinoma; the fornix vaginæ also in the same condition. The vaginal portion of the cervix had not disappeared, and the os externum was dilated for one finger. The os was very sensitive and hemorrhage followed the most carefully conducted examination. The diagnosis of carcinoma of the cervix uteri seemed perfectly justified.

Two methods of treatment were suggested: (*a*) hysterostomatomy and version; or (*b*), sectio Cæsarea.

Labor pains were felt for the first time Sept. 28, 7 o'clock A.M., followed immediately by rupture of the

bag of waters. The amniotic fluid was perfectly clear, and the fœtal heart tones were strong and regular. A consultation between privat-docent Von Massari and Dr. Edward Pritzl, second assistant upon the clinic, was at once called, and sectio Cæsarea agreed upon. Three hours later Dr. Pritzl operated upon the woman, choosing Porro's method of supravaginal amputation of the vaginal portion, or hysterotomy, with Müller's modification. The operation lasted one hour. A fœtus of male sex, weighing 2550 grm., with length of 47 cm., was extracted from the uterine cavity in a profoundly asphyxiated condition. The child lived thirty minutes after birth, but was evidently a viable product and apparently eight lunar months old.

Billroth's ecraseur was employed to compress the stump of the cervix and was left in the lower angle of the abdominal incision. The stump was secured in the abdominal wound according to Hegar's extra-peritoneal method. Patient's temperature before and immediately after the operation was 37.6° C. The portion of the uterus removed from the body of the patient was perfectly normal and presented no sign of cancerous invasion upon microscopic investigation.

The patient survived the operation exactly seven days. No consecutive hemorrhage occurred and the abdomen, up to the time of death, remained perfectly concave.

The autopsy conducted in the presence of Professor Braun and his assistants, by Professor Kundrat, was interesting in two particulars. A very slight, diffused peritonitis, with a very small quantity of fluid, was noticed. The carcinoma was found to be confined almost entirely to the fornix vaginæ and only superficially attacking the vaginal portion of the cervix. The narrow, hemorrhagic, ragged edge, taken for the os externum, upon vaginal examination proved to be a carcinomatous stricture of the fornix vaginæ. Metastatic deposits of carcinoma were found in the lungs. A large thrombus was found in the left common iliac vein extending up into the inferior cava.

An interesting fact about operations after Porro's method, with Hegar's extra-peritoneal treatment of the stump, is that after a very variable time the stump sinks deep into the pelvis, and all attachment to the abdominal parietes is ultimately severed.

The anæsthetic employed during the operation is the one Billroth usually uses, and consists of

Chloroform, ...	100 parts.
Absolute alcohol, ...	
Sulphuric ether, of each, . .	30 parts.

MEDICAL PROGRESS.

A CASE OF GASTROSTOMY.—On the 4th inst., MR. FRANCIS MASON performed the first step of this operation at St. Thomas's Hospital, on a man aged about sixty, for rapidly increasing carcinoma of the left tonsil and neighboring parts. An incision about two inches and a half in length was made parallel with the costal cartilages of the left side and about a finger's breadth from their margin, the lower end of which was about opposite the ninth rib. The structures of the abdominal wall were divided until the peritoneum was reached, which was carefully opened. The forefinger and thumb of the left hand were then introduced, and, guided by the left lobe of the liver, the stomach was readily grasped and brought out slightly at the wound. Great care was taken, both before and after the peritoneal cavity was opened, to arrest all hemorrhage with catgut ligatures. The parietal layer of the peritoneum was accurately adjusted in contact with the visceral layer of the stomach, and the two surfaces were kept in contact by passing a carbolized silk thread through the whole thickness of the abdominal parietes, and also through the serous and muscular walls of the stomach; four such stitches were employed. Two other deep sutures were made to transfix each end of the wound only, care being taken to include the peritoneum. Lastly, a stitch was passed through the serous and muscular walls of the stomach itself, and was left hanging from the wound to be used as a guide for the future opening of the stomach. Superficial stitches were used to unite the edges of the skin wound. The operation was performed throughout under the carbolic spray, and dressed with the usual antiseptic precautions. The patient was very comfortable during the remainder of the day and passed a good night, but on the following day he complained of hiccough, which distressed him a good deal, giving rise to a painful dragging in the region of the wound. This was allayed by the administration of small doses of medicine containing dilute hydrocyanic acid; beyond this nothing but ice in small quantities, and afterwards, at the patient's special request, a small quantity of tea was allowed by the mouth, he being fed by nutrient enemata. On the second day there was some difficulty of breathing, and he spoke of a sensation of not being able to cough up phlegm and other accumulations from the air-passages. Still his temperature kept fairly normal. On the third day, however, the temperature rose to 101°, and in the afternoon his dyspnœa became so urgent that it was thought necessary to perform tracheotomy as a *dernier ressort*. This operation was performed by Mr. Duncan, the house-surgeon, with some relief, but, in two or three hours after, the patient died, apparently from exhaustion, exactly seventy-two hours after the gastrostomy was performed. At the post-mortem examination, it was found that adhesion of moderate firmness had taken place between the visceral and parietal layers of the peritoneum at the site of the operation, but not sufficiently firm to heal. The mucous surface of the stomach had not been perforated, and there was no general peritonitis. It may be added that the patient inhaled ether during the operation, which may possibly account for the dyspnœa, and also that he had some symptoms of carbolic poisoning, as indicated by the condition of the urine during life.—*Lancet*, October 14, 1882.

SUDDEN DEATH IN GASTRIC ULCER FROM ENTRANCE OF AIR INTO THE BLOODVESSELS.—JURGENSEN has recently met with two cases of this nature, one of which he describes with considerable detail. A woman aged 49, had for years suffered from the symptoms of gastric ulcer, particularly from repeated exhausting hemorrhages from the stomach, by which she was reduced to the last degree of anæmia; she died suddenly. At the autopsy, an ulcer 6 to 7 centimetres in diameter was found on the posterior wall of the stomach; the pancreas, duodenum, and left kidney, were all adherent to the ulcer, on the surface of which there was found a large vein, probably the splenic, with a slit-like opening in its walls about one centimetre in length. The stomach was filled with clots: the veins of the liver and spleen were filled with air. Air was also found in the veins of the stomach, in the jugular veins, pericardium, heart cavities, sub-serous cardiac tissue, and pulmonary bloodvessels. There was also subplural and sub-intestino peritoneal emphysema.—*Deutsches Arch. für klin. Med.*, August, 1882.

COMPARATIVE SIZES OF ORGANS.—DRS. H. P. BOWDITCH and F. A. HARRIS give the following comparative measurements in their report on the best method of collecting data at autopsies:

1. Before the period of puberty the aorta is *smaller* than the pulmonary artery, after this period the rela-

tion begins to be reversed, and in advanced life the aorta is always *larger* than the pulmonary artery.

2. The aorta and pulmonary artery are absolutely smaller in the female than in the male, but relatively to the length of the body there is scarcely any difference between the circumference of the arteries in the two sexes, while the heart in females is absolutely as well as relatively a little smaller than in males.

3. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse seems to be true.

4. In men, the volume of the two kidneys is nearly equal to that of the heart; in children it is greater.

5. Children have a relatively larger intestinal canal than adults.

6. A sudden increase in the size of the heart occurs at the period of puberty.

7. The iliac arteries diminish in size during the first three months of life.

8. The cancerous diathesis is, in the majority of cases, associated with a large and powerful heart and capacious arteries, but a relatively small pulmonary artery, small lungs, well-developed bones and muscles, and tolerably abundant adipose tissue.

9. Pulmonary tuberculosis is often associated with an unusually small heart.

10. In constitutional rachitis the heart is generally large and well developed; the arteries are also large. —*Boston Med. and Surg. Journ.*, Oct. 19, 1882.

LIGATURE OF THE INNOMINATA.—The full details of Mr. Thompson's case of ligature of the innominata artery for aneurism, whose progress and result have been given in our columns, is published in the *British Medical Journal* for October 14, 1882. This case was the first in which Listerism and animal ligature were combined in deligation of the arteria innominata. Through some misfortune, the unclosed portion of the wound ceased to be aseptic after the eleventh day, and to that Mr. Thompson attributes the regrettable result; but his experience of this case leads him to say that, with an antiseptic condition of wound, and with a broad animal ligature, the operation is not only feasible, but justifiable; and that, personally, he should not hesitate to do it again, and with good hope of success.

TREATMENT OF ABSCESS OF THE LIVER BY LARGE OPENINGS.—At the meeting of the Académie de Médecine held October 3, 1882, M. J. ROCHARD referred to a communication which he had made in October, 1880, in reference to the method of treating abscess of the liver employed by the physicians of Shanghai: the method consists in freely opening the abscess after the diagnosis has been confirmed by an exploratory puncture, using the needle as a director to the incision, and then employing Lister's method of dressings. Since then M. Rochard has received numerous communications which have served to strengthen his confidence in the value of this plan of treating hepatic abscess, among others, two recent cases. Of these, the first was that of a mulatto aged 23 years, operated upon by Dr. Scotland, nearly two litres of pus being drawn off: improvement was immediate and cure rapid. The second case occurred under the care of Dr. Bernard in a girl aged 19 years, in whom free incision was employed after aspiration had failed to give any relief: a cure also resulted in this case.—*Gaz. Médicale de Paris*, October 7, 1882.

THE EFFECTS OF BROMIDE OF ETHYLE IN HYSTERIA AND EPILEPSY.—DR. BOURNEVILLE, physician to the Bicêtre Asylum, after several experiments to ascertain the effects of the bromide of ethyle in cases of hysteria and epilepsy, has come to the following conclusions: 1. The dilation of the pupil at the commencement of the inhalations of the bromide of ethyle is not constant. 2. The complete muscular resolution is exceptional. 3. Anæsthesia is produced in different degrees, according to the subjects experimented on. 4. The temperature, the secretions, and the general state of the patient do not appear to undergo any modification. 5. The pulse and the respiration are slightly accelerated. 6. Trembling of the limbs in a more or less marked degree during the inhalation may be produced, but it does not persist after the cessation of the inhalation. 7. Hysterical attacks are in general easily arrested by the bromide of ethyle. 8. Epileptic fits may sometimes be arrested by administering the medicine at the commencement of the tonic stage; more frequently, however, the inhalations produce no effect. 9. In epilepsy the regular employment of the bromide of ethyle, administered by inhalations daily during one or two months, greatly diminishes the frequency of the attacks.—*Lancet*, October 14, 1882.

TRAUMATIC SPASM OF THE ŒSOPHAGUS.—In the *Union Médicale* for October 12, 1882, M. COURTADE reports a case which seems to show that a blow on the head or thorax in an individual showing before then no disturbance of the nervous system may be followed by persistent spasm of the œsophagus. In the case reported bromide of potassium in large doses and repeated catheterization were sufficient to produce a cure.

OSTEOMALACIA IN CHILDREN.—DR. H. REHN believes that this disease is not as rare in children as has been supposed. He reported, in the recent Congress of German Naturalists at Eisenach, the case of a female child in whom there was marked flexibility of the bones of the extremities and thorax; both scapulæ were thin and bent, as well as the clavicles, the humerus, radius, and ulna. Death occurred from bronchitis, and Recklinghausen confirmed the diagnosis. Five other cases are also mentioned, from which he draws the following summary of the characteristic symptoms of this disease: Flexibility of the bones and pain on motion; absence of fever and indisposition to move; deposit of phosphates in the urine; chronic course; majority of cases females, as is the case in adults. Two of five cases under his care recovered. This disease can be attributed to faulty nourishment, particularly to absence or insufficiency of lime salts.—*All. Wiener Med. Zeit.*, October 3, 1882.

NEW METHOD OF DILATATION OF THE EUSTACHIAN TUBE BY ELECTROLYSIS.—M. J. MERCIÉ has been applying with success, in the clinic of DR. DÉSARÈNES, for the dilatation of strictures of the Eustachian tube, the method employed by Dr. Gorecki in the treatment of nasal and urethral strictures. The method consists in first introducing an ordinary Eustachian catheter and passing through it, while the patient pronounces the syllable *mi*, a fine bougie, and allowing it to remain in position five or ten minutes; this process is repeated until it has been found by inspection that the sound has reached the middle ear. When the tube has been dilated to this extent, the elastic sound is replaced by a flexible metal one connected with the negative pole of a weak battery, while a disk of metal connected with the positive pole is placed in the external auditory canal. This procedure is unaccompanied by any danger, if the current is weak and great care is observed in inserting the metal sound; and although it has not been very frequently employed, the success was such in those instances as to encourage its subsequent use.—*Rev. de Thérapeutique* Oct. 1, 1882.

A NEW TEST FOR ALBUMEN IN THE URINE.—When an albuminous urine is treated with a saturated solution of common salt, not the slightest reaction takes place; but if the brine be slightly acidulated with hydrochloric acid, according to DR. WM. ROBERTS, the albumen is thrown down as a dense white cloud. This reaction constitutes a most delicate test for albumen in the urine. The best degree of acidulation for this purpose is obtained with about 5 per cent. of the dilute hydrochloric acid of the Pharmacopœia. A little more or a little less acid makes no appreciable difference in the sensitiveness of the test. Common salt dissolves in about two and a half times its weight of water at 60° F., and increase of temperature does not sensibly increase its solubility. The salt of commerce is always more or less dirty, and the solution requires filtration to fit it for use as a test. The salt solution should be fully saturated, otherwise the observer is apt to be led into error. In preparing the test with our common English measure the readiest plan is to mix a fluidounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt, and filter. Dilute hydrochloric acid may be replaced by dilute sulphuric, dilute nitric, or dilute phosphoric acid. All these acids are of the same saturating strength in the British Pharmacopœia, and all of them yield with saturated salt solution an equally sensitive reagent for albumen. Even acetic acid may be used, but the delicacy of the test in that case is not quite so great as when it is prepared with one of the mineral acids. The method of applying the briny test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test-tube, the test-tube is then held very much aslant, and the salt solution is allowed to trickle along the sides of the tube to the bottom, so that it may form a distinct layer below the urine. If albumen be present, a white cloudy zone appears at the junction of the two fluids. Or the proceeding may be reversed. The salt solution may be first introduced into the test-tube, and then the urine added with the same precautions as before, so as to obtain two distinct layers, one above the other, in the test-tube. It is important to be aware that the precipitation of albumen by acidulated brine is not due to a true coagulation. In this respect the brine test differs from nitric acid and boiling. In the two latter cases the albumen is transformed into the insoluble modification, which is known as "coagulated albumen." But when albumen is thrown down from urine by accidulated brine, the precipitate is not insoluble; on the contrary, it is redissolved by free addition of water, or even by free addition of the albuminous urine itself. It is therefore essential to the efficient application of the test that the salt solution should be in excess at the point of expected reaction. This end is obviously secured in the above described methods of testing. In point of delicacy the salt test stands on a par with nitric acid. The minutest trace of albumen detectable in the urine by nitric acid is also detectable with equal ease by acidulated brine. In high-colored urine the brine test is distinctly superior. —*Lancet*, October 14, 1882.

EXCISION OF MECKEL'S GANGLION AND THE SUPERIOR MAXILLARY NERVE.—Last week at the General Hospital, Birmingham, MR. T. P. CHAVASSE excised the superior maxillary nerve at its exit from the foramen rotundum to its facial termination, Meckel's ganglion being removed. The spheno-palatine fossa was reached by trephining the anterior and posterior walls of the antrum, and tracing back the infra-orbital nerve. The operation was performed for obstinate neuralgia of fourteen years' standing, in a man aged fifty. The wound has virtually healed, and there has been no recurrence of the pain. This operation has been previously performed by James R. Wood and Carnochan, of New York, and, we believe, a very similar one was once before performed in England.—*British Medical Journal*, October 14, 1882.

TREATMENT OF DIABETES WITH BROMIDE OF POTASSIUM.—In our numbers for September 2, and October 21, we alluded to the above treatment of diabetes advocated by Dr. Felizet. In the current number of the *Journal de Médecine de Paris* (October 7), the editor, M. BERGERON, announces that he has just seen the sugar entirely disappear from the urine of a diabetic patient under fifteen days' treatment, four grammes of the bromide being taken each day.

TREATMENT OF CATARRHAL ANGINA.—Under this term, DR. FRAENKEL (*Verhandl. der Berl. Med. Gesellsch.*, Band xii. p. 239) understands mainly that form called tonsillitis lacunaris, a disease which, he says, in the great majority of cases, subsides without treatment, so that our object can only be to shorten or render it less severe. The use of astringents, such as nitrate of silver, he considers useless, as the disease lies mainly in the crypts of the tonsils, which the astringent does not reach. The same is true of gargles and of inhalations, while the former, in addition, frequently of themselves cause unpleasant sensations in the throat. At the same time, it must not be understood from this that the throat is to be left dry in this affection. The use of emollients gives frequently much relief. Dr. Fraenkel has tried submucous injections of a carbolic acid solution, so as to be sure of reaching the crypts, but has seen no benefit from them. Among internal remedies for the disease, Dr. Fraenkel has seen no good result from chlorate of potash, which he has found most useful in certain forms of stomatitis. Of guaiacum, recommended strongly by Dr. Morell Mackenzie, he has had no experience, nor has he had any experience of tincture of aconite, which last remedy, he appears to think, has been borrowed from homœopathic sources by English physicians. Ice and cold applications are to many most grateful, while to others they are absolutely intolerable. For some time, Dr. Fraenkel has treated all his cases either with quinine or with salicylate of sodium. Of fifteen cases treated with large doses of quinine, not one has lasted longer than forty-eight hours, the usual average being from two to five days, he believes. Dr. Fraenkel himself has suffered frequently from this disease, and has never so quickly recovered from any treatment as from this. He takes three doses of about four grains of quinine within an hour at night. Notwithstanding, however, that quinine so shortens the disease, it does not in certain cases prevent the formation of peritonsillar abscess. The *rationale* of the action of quinine Dr. Fraenkel does not pretend fully to understand. Its antiphlogistic antifermentative actions seem scarcely enough to explain it, for salicylic acid seems to have no such favorable action, and while tonsillitis is well known to be infectious, it can scarcely be called one of the infectious diseases proper, for one attack rather predisposes to others. He recommends the treatment to the attention of physicians, as each can have only a limited number of such cases under his care.—*London Medical Record*, October 15, 1882.

BROMINE AS A DISINFECTANT.—In a paper on the above subject, read at the Berlin Apothecaries' Congress, DR. FRANKE, of Charlottenburg, called attention to the fact that the difference between disinfection and deodorization has only recently been appreciated by the general public. It is, however, now known that many inodorous substances are highly dangerous communicators of disease. The researches of Dr. Koch

have brought to light the fact that a number of so-called disinfectants which have been employed for many years are quite insufficient preservatives against many kinds of disease-germs. Thus of late the search after new and reliable disinfectants has been actively carried on. Bromine has materially decreased in price since its production on a large scale at Stassfurt has made it an article of commerce, and Dr. Franke claims to have succeeded in obviating the difficulties which its strong corrosive qualities and other circumstances placed in the way of its general adoption. By the employment of organic acid combinations of alkalies he has succeeded in obtaining in a fluid form eight-tenths of the volume of bromine. The evaporation of the bromine is, he states, thereby considerably retarded, and a permanent disinfection facilitated. For mere deodorization a comparatively small quantity of bromine suffices, while for real disinfection a greater bulk is required. Experiments made by the Berlin sanitary officials have resulted in the fact being established that three and a half ounces of bromine could disinfect a space of 918 cubic feet against the most inveterate forms of infection, for removing which sulphurous acid had proved unsuccessful. Other experiments showed that for simple deodorization one-third of an ounce of bromine, hung up high, is sufficient for a space of 7,000 cubic feet. With reference to the use of bromine in the practice of medicine, he remarked that in a gaseous form bromine could be introduced into parts of the body not accessible to any other corrosive agent. In connection with the corrosive properties of bromine, he stated that petroleum had been accidentally discovered to be a cure for burns caused by bromine in a fluid state.—*Lancet*, October 14, 1882.

UNSUCCESSFUL PORRO OPERATION FOR UTERINE FIBROID.—L. PROCHOWNICK reports a case of removal of the uterus by Porro's operation for fibroid tumor, in which death occurred on the third day from septicæmia.—*Deutsche Med. Woch.*, Sept. 30, 1882.

POISONING BY MALE FERN.—A death is reported from Columbo, Ceylon, where a gentleman was prescribed three-quarters of an ounce of ethereal extract of male fern and a drachm and a half of Pulv. Kamalæ, for the cure of tape-worm, and the dose was repeated in four hours. The patient sank, with symptoms resembling those of choleraic diarrhœa. The necropsy revealed congestion of the stomach, with ecchymoses beneath the mucous membrane, and small clots of blood upon the mucous surface of that organ. There were similar patches in both the small and large intestines. Indeed, there was clear evidence of the administration of an irritant poison. The prescription is said to have been one copied by the medical attendant of the deceased gentleman from a work of repute, where the quantity of extract of male fern is apparently a misprint.—*British Medical Journal*, Oct. 14, 1882.

LESIONS OF THE TEETH IN LOCOMOTOR ATAXY.—At the meeting of the French Association for the Advancement of Science, on August 30, a communication was made by M. Th. David upon lesions of the teeth found in locomotor ataxy. The paper was based upon the observation of a single case, and the following are the most important of the conclusions arrived at from an attentive study of it. The alteration consisted of a rapid decay of the anterior part of the crown of almost all the teeth. The altered substance assumed the consistence of touchwood and a reddish color. The enamel still retained its polish, but not its hardness. Beneath those parts the pulp had produced a new layer of secondary dentine, and in most of the front teeth the pulp-cavity was filled up. These alterations had nothing in common with caries, and must be referred to nutritive disturbance resulting from the lesion of the central nervous system. The changes are analogous to those which have already been observed to take place in the nails in the course of locomotor ataxy; they would thus establish a pathological relationship between organs already connected by a common epithelial origin. Locally, these alterations recognize for their immediate cause a functional disturbance or a lesion of the dental pulp. The atrophy which has been shown to exist would be quite comparable to that which is observed in the eye under similar circumstances. Whence the final conclusion that we must attribute to the dental pulp the physiological significance of a sensory organ.—*Medical Times and Gazette*, October 14, 1882.

PERFORATION OF THE ŒSOPHAGUS BY A PIECE OF GLASS: EXTRACTION THROUGH THE ANTERIOR ABDOMINAL WALL.—PROF. KUESTER reports in the *Medizinish-chirurgisches Centralblatt* for September 29, the remarkable case of a man who accidentally swallowed a small triangular piece of glass, which became fixed in the cardiac region, and for a year and a half resisted all attempts at extraction, caused the most intense pain and spasms of coughing, and rendered swallowing almost impossible. Frequent hypodermic injections of chloroform in the epigastric region to allay pain resulted in a slough and abscess, through which the piece of glass was discharged. Complete recovery ultimately resulted.

NEW METHOD OF PREPARING BLISTERS.—M. LIMOUSIN (*Rép. de Pharm.*, June, 1882) has devised a new form of blister, with a view to afford a greater variety of choice in degree and kind of vesication, and also with a view to preserve the ready-made blister. He spreads a thin layer of ordinary blistering cerate upon strong, thin, unsized paper, and covers it with the same. The vesicating layer is about one and a half millimetres in thickness, and one of its surfaces is camphorated. When using the blister, its outline is marked upon the paper covering it; it is then cut off and applied to the part by means of a piece of adhesive plaster. The covering paper may be readily removed, both from the plain and from the camphorated side, by means of a wet sponge. If the physician order a blister covered with oiled paper, it is only necessary to saturate the covering paper with oil. The same process may be also used for the preparation of other plasters. *London Medical Record*, October 15, 1882.

A READY METHOD FOR THE VOLUMETRIC ESTIMATION OF ALBUMEN IN THE URINE.—MR. GUY NEVILLE STEPHEN recommends for this purpose a method suggested by Tauret, of Troyes, as far back as 1872. The basis of this method is the precipitation of albumen by the double iodide of mercury and potassium, and it is equally applicable both for testing for and estimating albumen. In urine loaded with urates a precipitate of uric acid may be thrown down when the acetic acid is added, but merely diluting the urine with water will cause it to disappear. Mucus, too, if present, may also be precipitated by the acid, but will give no trouble, as it is quite different in appearance to the precipitate of albumen, and will have dropped to the bottom before the solution is added; and, lastly, if the acetic acid be not used in sufficient quantity to make the urine decidedly acid, urea may be thrown down by the after addition of the potassio-mercuric iodide.

Estimation.—The process for this is extremely simple and rapid, and only requires that the solution employed be of known strength, and that the quantity used both of it and of the acid and urine be carefully

noted, and the complete precipitation of the albumen proved by a second solution. Besides the solution and acid, a glass, graduated in cubic centimetres, a pipette giving drops of five centigrammes, and a few glass stirrers, are all that is required. For the precipitating solution the formula is—potassii iodidi, 3 grms. 22; hydrargyri bichloridi, 1 grm. 35; aquæ destillatæ, q. s. ad. 100 cc. For the confirmatory solution—hydrargyri bichloridi, 1 grm.; aquæ destillatæ, q. s. ad. 100 cc. One drop of the precipitating solution given by a pipette of the above size precipitates 0.005 of albumen; so that so many drops as it takes to precipitate all the albumen, so many times 0.005 of albumen must there have been in solution. To save trouble in calculation, the same quantity of urine should always be taken, and the best quantity to take is 10 cc., as then the number of drops of the solution that it takes to precipitate all the albumen in this quantity of urine represents so many half grammes of albumen to the litre. Take then 10 cc. of urine, and add two of acetic acid, and stir with a glass rod; then add the precipitate solution drop by drop, stirring carefully each time, until the precipitate is no longer redissolved in the albumen in excess—*i. e.*, as yet unaffected by the reagent; then after each drop of the solution put a drop of the urine on a porcelain dish and watch if a yellowish-red color appears on adding a minute drop of the confirmatory solution. As soon as it does, all the albumen is precipitated and the process is finished, and the amount of albumen per litre will be at once arrived at by taking the number of drops employed of the precipitating solution, substracting three as having been used in excess to make the yellow color perfectly clear, and then considering the rest as so many half grammes.

The chemical reactions and data upon which the above depends are $2KI+HgCl=HgIKI+KCl$. When the double iodide of mercury and potassium thus formed is added to albuminous urine sufficiently acidified, all the albumen is precipitated in combination with the mercury and iodide of the reagent, in the proportion of the equivalent of HgIKI, weighing 393 to 1 equivalent of albumen, $C_{68}H_{70}Az_{11}O_{23}$, weighing 1004, while the potassium is taken up by the acid of the urine. As long as any albumen remains in solution the double iodide of mercury and potassium will not form red iodide of mercury when bichloride of mercury is added to it, but it does so as soon as all the albumen is precipitated. The solution formulated above is such that every drop of 0 grm. .05 contains 0 grm. .00196 of HgIKI, and therefore in accordance with the equivalents given will precipitate .005 of albumen.—*Lancet*, Oct. 14, 1882.

RARE COMPLICATIONS OF CHRONIC GONORRHŒA IN THE MALE.—DR. VAGDA has written on this subject in the last two numbers of the *Wiener med. Woch.* (37 and 38). The essence of what he has to say comes to this: Owing to the prolonged irritation of the chronic discharge, the epithelial and connective tissues may get hypertrophied, so that the former may become from four to twelve times its normal thickness, whilst the latter may form outgrowths, which in the early stage are non-vascular. The neoplastic epithelial formation, by pressure of its own elements *inter se*, may lead to the total destruction of the normal cylindrical layer of cells. This overgrowth of epithelia may accumulate in clumps anywhere, but has a predilection for the hypertrophied papillæ and warts, where it mounts their summits and descends into the clefts and fissures between them. The warts may be found in any part of the urethra, and are very small, conical, brush-shaped, or clavate growths, which are either enlarged normal papillæ or are outgrowths from the newly-formed connective tissue. Should these warty excrescences themselves begin to grow, they may give rise to secondary offshoots and become vascular, and then are analogous to the gonorrhœal warts so frequently seen on the prepuce or glans penis and just within the external orifice of the urethra.—*Med. Times and Gaz.*, Oct. 14, 1882.

NEW ANTISEPTICS FOR SURGICAL USE.—Certain inconveniences and disadvantages attending the use of carbolic acid spray in dressing wounds have led to a general search for acceptable substitutes. One of the most promising is the use of substances which are volatile as well as of antiseptic nature, such as eucalyptol, cajeput, terebene, and peppermint, by means of which a wound may be kept, if necessary, in an antiseptic atmosphere not merely while being dressed, but at all times.

At the late annual meeting of the British Medical Association Mr. A. W. Mayo Robson described a series of experiments made by him to test the efficiency of atmospheres charged with such volatile antiseptics in preventing the development of life in putrescible fluids, the results being exceedingly encouraging. Flasks of sterilized hay infusion suspended in large, wide-mouthed, open jars, into which a little eucalyptus oil, cajeput oil, or the like, had been poured, remained clear, while flasks of the same infusion briefly exposed to ordinary air and then covered with cotton wool began to lose clearness and to scum over within a few hours. Altogether the results were thought to indicate that at ordinary temperatures air saturated with vapors of the class named was fatal to the germs of bacteria and micrococci, and probably also to the germs of fevers and other infectious diseases. As the vapors tested are not unpleasant or injurious when breathed, it is to be hoped that practical tests in hospital wards will confirm the promise of Mr. Robson's experiments. As eucalyptol—derived from the common eucalyptus—is abundant and cheap, it has been selected for further tests. Several surgeons have taken part in these tests, and the results are decidedly encouraging. When the vapor is used during surgical operations a bellows is employed to discharge air charged with it upon the spot exposed. The air is first drawn through a vessel filled with cotton wool, then through others filled with pumice stone over which a small quantity of eucalyptol has been poured. The emerging air is thus loaded with invisible particles of the antiseptic, which seem to be capable of destroying any vestiges of germ-life which may have been drawn in from the surrounding atmosphere. This is a pleasanter method than Lister's or the boroglyceride treatment of Professor Barff.

Not less promising is the turf-mould dressing of Dr. Neuber, of Kiel, the result of investigations of the antiseptic qualities of turf-mould made by him during the past two years. The fibrous and friable character of turf, and its lightness, softness, and elasticity, make this substance much neater and more comfortable than "dry earth" as a surgical dressing; and it seems also to have much greater antiseptic power. The mould, reduced to powder, is inclosed in bags of carbolized gauze, and simply bound upon the wound, which has previously been washed with a carbolic or other antiseptic lotion. This dressing has been used by Professor Esmarch in fifty-five cases, most of them severe operations, with wonderfully good results. In thirty-one cases there was no fever, and in only five cases was it necessary to remove the dressing, owing to either local or general disturbance. The chief advantages claimed for this dressing are its great absorbent power, its tendency to prevent the formation of putrefactive products; the easy adaptability of the turf pads to the surfaces of the body and limbs; and its cheapness, the cost being about one-ninth that of the Listerian dressings. For use

in public hospitals and in private practice among the poor, the element of economy is a very important one.

Another great advantage, if the apparent virtues of turf-mould are confirmed by wide experience, will arise from the circumstance that it is everywhere obtainable. Dr. Neuber's attention was drawn to its possible merits by the appearance in the clinic of Professor Esmarch of a patient who reported that his arm had been badly hurt eight or ten days before while he was at work upon a moor. The injured arm had been simply covered with mould and protected by a rude wooden splint. The patient appeared to be in good general health. When the primitive dressing was removed the surgeons were astonished to find that with an extensive laceration of the soft parts of the arm, a rupture of the wrist-joint, and a fracture of both bones of the forearm, the wound was free from suppuration—in some parts already united by first intention, in others granulating in a satisfactory manner. The physical condition of the patient and the purity of the country air may have contributed somewhat to the healthy condition of the seemingly neglected wound; but, as subsequent trials proved, the main protection came from the antiseptic mould; a dressing most easily obtained where other antiseptics are to be had with difficulty. Country practitioners and workmen on railways and other works away from surgeons and surgical appliances, will do well to bear this fact in mind. Of course, care must be exercised in selecting turf-mould for such purposes from spots not likely to be subject to local contaminations, else it might serve to introduce the very germ which it is sought to avoid and exclude.—*Scientific American*, October 21, 1882.

TREATMENT OF RANULA.—In the *Gazette des Hôpitaux*, No. 113, an example is related of the successful treatment of a ranula by M. Anger's method, which consists in injecting by means of a Pravaz syringe one or two drops of deliquescent chloride of zinc, without having previously discharged the contents of the cyst. Considerable inflammation followed the injection, but without phlegmon or gangrene. The sac became retracted, its liquid contents having been absorbed. Whether a relapse may not take place cannot be certainly stated; but this has not occurred in several other cases that have been thus operated upon. Against the objection that the procedure causes sharp inflammation and is very painful, have to be set its facility and efficacy.—*Med. Times and Gaz.*, Oct. 14, 1882.

THE INDICATIONS FOR NEPHRECTOMY.—DR. LUIGI BRICHETTI (*Gaz. degli Ospitali*, Aug. 9) thus sums up what he considers the chief indications for nephrectomy: 1. Certain wounds of one or both kidneys; 2. Movable kidney, complicated with neuralgia; 3. Tumors of the kidney, hydro- or pyonephrosis; 4. Renal calculi; 5. Parasites; 6. Certain affections of the ureters. In the majority of cases of pyonephritis, the author, however, would prefer large incisions into the organ, kept open with drainage-tubes, rather than its removal, especially after gunshot wounds.—*London Medical Record*, October 15, 1882.

THE TREATMENT OF SYPHILIS BY SUBCUTANEOUS INJECTION OF MERCURIAL SALTS.—LETNIK (*Wratsch*) believes that the time is not far distant when all other modes of treating syphilis will be displaced by the subcutaneous injection of mercury. In the cases of prostitutes, who frequently, in hospital, refuse to submit to the ordinary course of treatment, this method of administering the remedy is almost indispensable. Its advantages are stated as follows: 1. The dose may be more nicely graduated. 2. Baths and frequent changes of linen are dispensed with in the treatment of the poor. 3. The rapid disappearance of fresh syphilitic symptoms, often after only six or eight injections. 4. The patient will possibly be able to continue his usual occupation. 5. The whole course of treatment is shortened. Taking the results of various authors in 1892 cases (during 5 years), Letnik finds that the average duration of various modes of treatment is as follows: *a*. Internal treatment, 78⅓ days. *β*. Inunction course, 56 days. *γ*. Subcutaneous injection course, 32 days—the length of the latter course of treatment being less than half that in which the remedy is given by the mouth. 6. Stomatitis is remarkably rare. 7. The general health is improved rather than injured, although no change is made in the diet. Letnik has treated thus 210 cases. The treatment was abandoned only five times, three times in much reduced patients, in whom severe nervous symptoms were observed after each injection, and twice in cases of rupia syphilit., where no benefit was attained. Whilst 172 patients exhibited the malady under the form of exanthemata or condylomata, 32 were suffering from advanced syphilis. The number of injections in any one case varied from 20 (minimum) to 45 (maximum). The salts employed were chloride of mercury with sodium chloride, corrosive sublimate ($HgCl_2$) with morphia, and bicyanide of mercury. The pain produced by the first-named solution lasted about 15 minutes, while that caused by the others remained for half an hour. The local induration after injection of the mercury-sodium salt lasted at most 5 or 6 days; that after the cyanide 20 days or more. No experiments with mercury albuminate and its allies were made.—*Edinburgh Medical Journal*, October, 1882.

CASE OF HEPATIC ABSCESS TREATED BY ANTISEPTIC INCISION: CURE.—PROF. KUESTER reports the case of a man, aged fifty-eight years, with a painful, fluctuating tumor of the hepatic region, which, on aspiration, proved to be an abscess of the liver. As it became superficial, and was evidently on the point of opening spontaneously, it was opened antiseptically, and the cavity treated by drainage. The case was cured.—*Med.-chir. Centralb.*, Oct. 6, 1882.

OCULAR CHANGES IN HEPATIC DISEASE.—Hemorrhages into the retina have been found in catarrhal jaundice, gall-stones, carcinoma, cirrhosis, abscess, acute atrophy, phosphorus poisoning, dropsy of the gall-bladder, and in pneumonia accompanied by icterus. Such extravasations are by no means always of bad omen, seeing that they may accompany a harmless catarrh, provided this be attended by jaundice. In a case of acute yellow atrophy due to phosphorus poisoning, Litten (*Wiener med. Woch.*, No. 39) found, by the side of multiple fresh hemorrhages into both retinæ, certain white areas situate in the granular layer, which microscopically showed fatty degeneration with tufts of tyrosin and granular spheres (? leucin). The blood capillaries had undergone marked fatty metamorphosis. In two cases of atrophic cirrhosis, Litten observed simultaneous pigmentary degeneration of the retina, which in one instance had developed after the liver disease had already been of long standing, whilst in the other case it was found in the course of the first year. The formation of pigment may extend very rapidly. Hemeralopia (night-blindness) sometimes accompanied a hypertrophic or atrophic hepatic cirrhosis without any sign of organic change in the structures of the eye. Immediately after the tapping of a considerable amount of ascites a neuro-retinitis developed itself, with slight swelling of the optic disk and exudation into the tissues and around the vessels.—*Med. Times and Gazette*, October 14, 1882.

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IS CONSUMPTION CONTAGIOUS?

THE infective nature of tubercle has been a subject of unremitting investigation since the experiments of Villemin were first promulgated. According to these observations, when tubercle was injected under the skin or thrown into the cavities of rabbits, general tuberculosis followed. But it was soon ascertained that rabbits are scrofulous subjects—so to speak—in whom suppurative inflammation of any kind induces tuberculosis. Notwithstanding these adverse observations, there was a growing conviction that something of a specific nature existed in genuine tubercle. Then Klebs, and afterwards Aufrecht, announced the discovery of the tubercle parasite. Their descriptions of the organism did not agree, and they and others who have isolated a supposed infective principle of tubercle, differ from Koch in the description of the *bacillus tuberculosis*. If the last mentioned be the true, specific contagium, our task is much simplified. The organism producing tuberculosis being defined, there is no longer any doubt how this disease may be propagated. Just as a certain culture soil is necessary for the growth of the bacillus, so a state of the human organism is necessary to the successful propagation of tuberculous matter.

Whether the existence of a bacillus tuberculosis be admitted or not, it is clear that, from the clinical standpoint, a contagious principle is rendered probable by numerous apparent cases of transmission. Amongst others Dr. Webb, of this city, has reported several examples of the supposed communication of consumption. M. Leudet has studied this question in fifty-six households belonging to the better classes. Thus in fifteen examples the husband was tuberculous and the wife healthy at the time of marriage, and for some time afterwards, and in forty-one the female only was thus affected.

In the first series, five of the wives were attacked subsequently with tuberculosis, one had Pott's disease followed in six years by phthisis; one had a sister, and another an aunt fall victims to consumption. In the second series of forty-one, three of the husbands became tuberculous. These results, says Leudet, correspond closely to the observation which has heretofore been made, that the effect of contagion is more often exerted from the husband to the wife, than from the wife to the husband. Many other facts of the same kind have been reported, but we need not occupy time and space with them, since they conduct us to the same conclusion. Thus it happens that experimental study unites with clinical experience in rendering the existence of a contagious *materies morbi* in a high degree probable.

The specific infective quality of tubercle being thus rendered probable, it remains to indicate in what way the human race may be rid of a communicable scourge so destructive in its character. This is the subject of a paper by Prof. Corradi, of Pavia, read before the International Congress of Hygiene, assembled at Geneva in September of this year. He proposes to prevent the cohabitation of the phthisical; to abstain from food derived from phthisical sources, including milk; to avoid the use of vaccinia from phthisical heifers and infants, and to institute special hospitals for the isolation and treatment of phthisical cases.

The most superficial consideration of these prophylactic measures to prevent the extension of tuberculosis, must convince any inhabitant of a free country that they are impracticable. In those countries possessed of a paternal government, in which all the transactions of life are minutely regulated, it may be possible to prevent the contact of phthisical subjects; but surely, in this country, such absolute hygienic regulations, are entirely inapplicable. With us, there is no other dependence for the extinction of tuberculosis, than the law of evolution. Relying on the operation of natural laws, and recognizing the survival of the fittest as the great fact of development, we may await the progress of natural forces since human agency cannot be successfully applied to the amelioration of our condition—to the relief of the human race from this odious scourge.

Whilst we may not invoke a sufficient legislation to prevent the spread of phthisis, we may, by precept and example, induce the population of our time from entering into unscientific, unhygienic relations which may result in lasting injury to the human race. The only comfort which any humanitarian

can extract from the present complicated situation is that by the laws of evolution those families must become extinct whose ancestors were the subjects of constitutional diseases by inheritance.

THE LIMITS OF MEDICAL ETHICS.

"License they mean when they cry liberty."—MILTON.

IN the October number of the *New York Medical Journal* Dr. C. R. Agnew, of the committee that framed the new Code, under the above caption, and with a pleasing quotation from Addison as a subheading, to the effect that "Where liberty is gone, life grows insipid," etc., makes an attack upon what he terms the "sumptuary, proscriptive, and trades-union laws and regulations" of our profession; or, in other words, upon its Code of Ethics.

It is well that in this extraordinary production the author has included a little autobiography, as surely no one would on *a priori* grounds have attributed his article to a teacher of twenty-five years' standing, a trustee of a university, an ex-Surgeon-General of the State of New York, and a "thoroughly conservative, old-school doctor;" by all of which titles he describes himself. Neither, we may add, would it have been suspected that he was one of the orginal corporators of the Society for the Suppression of Vice.

Of course the old questions are considered, but no new light— certainly no true light—is thrown on them. Indeed, to the average mind, they would seem to be somewhat obscured by irrelevant simile and illogical argument. How, for instance, does it affect the generally received belief that a consultation between a regular physician and a quack lowers the former, strengthens the latter, does not benefit the patient, and is positively injurious to the community by encouraging charlatanry, to ask what good could come from a law forbidding engineers or astronomers to consult with mechanical or mathmatical heretics? If advocates of impossible motors or believers in the motion of the sun professed to apply their views to the healing of disease, or to be governed by them in accepting the responsibility of human life, there would be every reason for sternly and rigidly discountenancing them. Until they do that there is not even a distant resemblance between the cases.

It hardly solves the entire question as to the uselessness or harmfulness of consultations with charlatans to say that "it is for the scientific and conscientious consultant to compose all differences of diagnosis and treatment in the interests of the sufferer." It sounds well, but is somewhat vague. After careful study we confess to not knowing exactly what it means, unless an astounding proposition in another part of the article be taken as explanatory. It is there stated that when a patient in the hands of an "ignorant pretender, under whatever trade-mark, calls in consultation a competent practitioner," the latter may, under the new Code, respond to his call. If then, after "a fair discussion of the case"!!! the sick person does not dismiss the quack and retain the competent practitioner, the latter may consider himself relieved of responsibility, although he still pockets the fee. This is possibly the "composing" process above alluded to, but one in which surely no gentleman would care to be concerned. More particulars are evidently needed, especially as to the "fair discussion" which is to determine the further attendance on the patient. Is the latter to hear both arguments and decide judicially, as the final arbiter, or is he to be interrogated at the lancet-point and made to respond under penalty of being deserted by both parties? "Under which king, Bezonian? Speak, or die!" Or can it be that the Ignorant Pretender is to be overcome by the combined power of science and conscience, and is to abdicate?

The advocates of the new Code seem to be under the impression that it is an argument in favor of abolishing the old Code to say that the evils which it is intended to suppress are of considerable magnitude under its sway, but the fallacy of this position is self-evident. The same line of argument would lead to the cessation of vaccination on account of an epidemic of smallpox, or the abolition of quarantine because yellow fever occasionally made its appearance. They return to the old proposition in favor of leaving all ethical questions to the decision of the individual, and ask if the latter is not able morally to decide between right and wrong, to say whom he will or will not meet, "how is the moral capacity acquired to make the decision wisely by the aggregation of a number of individuals, every one of whom is supposed to be individually incapable?" There is a flaw here, however, in the major premise. No one supposes, or, so far as we know, has ever asserted until now, that any such incapacity for proper discrimination existed in the profession. Such arguments rest on the grossly unwarranted assumption that ethical rules are made for the government only of persons unfit to govern themselves. We have already had occasion to point out that ethics and morality are practically synonymous. Is it, or does any sane person suppose it to be, an argument against the general canons of morality that they are framed into laws for the control and the welfare of society by persons, some of whom *do*, and any of whom *may*, transgress them?

We have no space to devote to refutation of such puerilities, but would like in concluding to call attention to two statements which hardly seem consistent with the self-assumed character of a "thoroughly conservative, old-school doctor."

Dr. Agnew says distinctly and without qualification that whereas, under the new Code the primary object of the physician is to be the good of the sick, "under the old Code the primary object came to be the 'dignity of the profession,' and an inquisitorial scrutiny of one's professional rivals." In other words, we are just now to begin, under the guidance of the new Code, of course, to try to help suffering humanity, to alleviate distress, and to combat disease, after untold years of misbehavior in which these objects were neglected or subordinated to petty and personal jealousies. Imagine the effect of this outrageously false statement upon the lay mind—coming as it does from so prominent a source.

Finally, and we mention it as an illustration of the logical and inevitable lowering of professional dignity involved in an acceptance of the new Code, he digresses to approve of Senator Cameron's joint resolution throwing open the governmental service to all so-called "doctors;" stating that the resolution of that dignitary "does not provide for the recognition of 'irregulars,' but of men with legal diplomas." That is to say, he does not consider any herbalist, clairvoyant, eclectic, mesmerist, or homœopath an "irregular" if he be provided with a recognized certificate of his right to practice. This is, of course, equivalent to abolishing altogether the term which has come to mean a practitioner of medicine who displays his ignorance or dishonesty by adopting some special insignia or trade-mark, or who transgresses in some other manner the laws of professional honor and decency. The word cannot, as we have said, be consistently employed by the supporters of the new Code, and Dr. Agnew shows his appreciation of that fact by repudiating it as applied to the subjects of Mr. Cameron's resolution. We prefer, for ourselves, to retain it as well expressing the broad distinction between respectable physicians and the class above described. Fortunately, there is no danger that either the word or the difference which it indicates will be forgotten by the profession at large, however they may be ignored by the advocates of the new Code.

CAFFEINE IN CARDIAC AFFECTIONS.

NOTWITHSTANDING the remarkable value of digitalis in the treatment of various cardiac diseases, there are conditions in which it may be indicated, but yet is not available owing to peculiarities of its action. The discovery of other remedies, having similar effects, but free from its objectionable features, becomes, then, very desirable. Amongst the new contributions to our resources in cardiac therapeutics, are nitro-glycerine and convallaria. Caffeine which has long been known as a cardiac stimulant and diuretic, has begun to assume new importance since its special powers as a cardiac remedy come to be better understood. In a recent number of the *Bull. Gén. de Thérap.*, Dr. Heuchard has a paper in which caffeine is contrasted with digitalis, and the applications of the former are mapped out with precision. It may be useful to some of our readers, to learn the capabilities of caffeine as a cardiac remedy, and to compare the observations of Heuchard with those of other observers, notably of Steward.

As is the case, so generally, the action of caffeine in small and large doses varies, and the secondary is different from the primary action. In the first phase of its effects, or administered in small doses, it stimulates the action of the heart and raises the arterial tension. When considerable doses are given the stimulant effect is of brief duration, and is soon followed by a fall in the number of the heart-beats, and in the tension of the arterial system, which is the second phase of its action. Caffeine augments the flow of urine. Its action is brief, owing to the rapidity with which it is eliminated, and it has no toxic effect properly speaking.

In some cases the diuretic action of caffeine is preferable to that of digitalis; although not so considerable, the diuresis occurs more promptly, and it may, therefore, be employed when a prompt effect is essential. Caffeine has the advantage that it is by no means so irritating to the stomach, and can be used in such diseases, as cirrhosis, for example, when digitalis could not be borne. In cases of cardiac diseases, where the muscular wall of the heart is affected with fatty degeneration, and in which digitalis is so dangerous, caffeine may be used without risk and often with decided benefit. Of course, it cannot take the place of digitalis in the valvular affections with dropsy, in which this remedy is so efficient.

Dr. Heuchard maintains that caffeine must be given in large doses, if the desired effects are to be procured. Beginning with four to eight grains, he rapidly increases the dose to ten, to sixteen, even up to thirty grains three or four times a day to maintain a constant effect.

DEATH-CERTIFICATES AND BURIAL IN CASES OF STILLBIRTH.

A CASE which has excited some attention from the lay-press has recently occurred in Philadelphia, and brings up one or two interesting points in relation to the giving of death-certificates. The facts are briefly as follows: Dr. Bell, a physician to a poor-district, was called on a Monday afternoon to visit a woman in labor; having at the time other pressing cases of the same sort, he placed her in charge of a medical student belonging to a class who were taking instruction in practical ob-

stetrics. This gentleman saw the patient at four o'clock, remained with her until five, and came again at about seven, to find that in the interval a dead child had been born. He severed it from the placenta, placed it in a box, and directed the father to bury it in the yard. The following day the parents asked him for a death-certificate, and were referred to Dr. Bell, who, not having seen the student, declined to give it, and sent them to Dr. Elliott Richardson, the instructor in charge of the class to which the student belonged, who immediately wrote, asking for particulars, but heard nothing further from any person. Dr. Bell and he each supposed that the other had attended to the matter, no certificate was given, and finally, a partially correct version of the affair was published in one of the daily papers.

We give these details partly to place the facts before the profession, who are always interested in such matters, and partly to call attention to the proper procedure in such cases.

In many parts of our country, and in some of the rural districts in this State, death-certificates in such cases are not required by law or custom, and stillborn children or the products of premature labors are often disposed of as was suggested in this instance.

In Philadelphia, such cases come under the general laws relating to births and burials, no mention of stillbirths being made in the city ordinances, as far as we can discover. The custom is, we believe, to dispose of the product of conception in any decent and inoffensive manner and without formality if it has not reached an age when it could by any possibility have survived. After the period of viability, which may be said to be from five to six months, it, of course, becomes important to know whether the child was born alive or dead, and a certificate from the attending physician or, in case of his neglect or refusal to attend to it, from the health officer is required. Suspicious circumstances properly sworn to would very properly throw any case into the hands of the coroner. In the instance we have just mentioned the accidental character of the complication was so evident that the case was promptly dismissed by the coroner's jury.

RESECTION OF THE PYLORUS.

THE surgeon of to-day should not be accused of timidity or of too great conservatism. It is scarcely three years since the first resection of the pylorus was done, and yet, in spite of the comparative rarity of cases suitable and willing for such an operation, CECCHERELLI has collected in *Lo Sperimentale* for August, 23 cases, to which at least Hahn's second case must be added. Of the 24, nine recovered from the operation. What the ultimate results were is quite another question. Billroth leads in number though not in time with four cases; Czerny, Rydygier, and Hahn have each done it twice; as we said lately, however, in the matter of extirpation of the larynx for cancer, so as to resection of the pylorus, we do not believe that it will ever take its place as a recognized and justifiable surgical procedure, save in very exceptionable conditions. Until we can hope for a permanent cure of the carcinoma, the operation is so painful and so dangerous that a conscientious surgeon can scarcely recommend it. With resection of the intestine it is quite different, since the diseases which call for its resection are so entirely different. A brilliant example of this is seen in the case of double and successful resection of the intestine reported by Rydygier in the *Berliner klinische Wochenschrift* for Sept. 18th last.

THE recent terrible accident in Fairmount Park, by which nearly a score of persons were killed and wounded by the premature explosion of fireworks, has called attention anew to the dangers of such amusements. Of course no possible pleasure can weigh against such a dreadful calamity. The Mayor of Philadelphia, we see, has declared that no such exhibitions shall be allowed hereafter. If fireworks involve such dangers, they must be given up. For places fortunately provided with a river, as Philadelphia is in the Schuylkill, we have a suggestion which we think will allow of the pleasure and yet prevent the danger. Moor some canal-boats in the middle of the river and plank them over as a platform for the fireworks. Then police the river by a few tug-boats to keep spectators at a proper distance. The fireworks can be better seen, since neither trees, hills, nor other obstacles will be in the way; they can be seen to advantage by a greater number of people, for those on both sides of the river can see them; and none but the few engaged in displaying them will be exposed to any danger; and the caution born of experience will enable them to escape.

So many patients use the telegraph and so many doctors make appointments by telegraph that its reliability and speed become a matter of no little moment. Of late, however, it has become most unreliable and vexatious. Again and again have we found two hours to elapse between the dispatch and the reception of a city message; and as to messages to the suburbs, it is not uncommon for a doctor to *drive* out there and find that he has arrived long before his message. The actual loss from failures to make and keep appointments is considerable, and the evil should be remedied. The best way to do so is to make official complaint to the company in every

instance and to demand at least the return of the cost of the message. We have known this to be done in several instances, and its frequent recurrence will cause reform. Corporations keep both their consciences and their cash in their pockets.

CAN a person be tried as an abortionist in consequence of an attempt to produce an abortion on a woman who was not even pregnant? Such is a question lately mooted in Chicago. The girl died of metro-peritonitis as a result of the manipulation; but the autopsy showed that the supposed pregnancy never existed.

REVIEWS.

A SYSTEM OF SURGERY, PATHOLOGICAL, DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE. By SAMUEL D. GROSS, M.D., LL.D. Cantab, D.C.L. Oxon, Emeritus Professor of Surgery in the Jefferson Medical College. Illustrated by upwards of 1600 engravings. Sixth edition, thoroughly revised and greatly improved. In two volumes. 8vo. pp. xxxii. 1194, and xxxii. 1174. Philadelphia: H. C. Lea's Son & Co., 1882.

WHO does not know "Gross's Surgery?" And who that knows it, does not trust and consult it? And who that knows its author, does not love and revere him?

This book, like all other human work, has of course its defects and its errors; but nevertheless it is monumental. A sixth edition so thoroughly revised, and so fully brought up to date, is both a delight and a surprise. Its author is a man well advanced in years, and has been a distinguished teacher for over half a century. Yet just as he lays down the crown of the teacher he takes up anew the sceptre of the author, and labors day and night in perfecting a work already great, which now fully reflects the wonderful growth of surgical science in the decade since its last revision.

The new edition is a surprise not only by the amount of labor involved in its preparation, but also by the readiness with which its learned author has accepted new views. The conservatism of age has kept him from attractive but unproven theories, but it has not hindered his change of opinion with the advance of knowledge or the welcome due to the later views in pathology and in therapeutics. Moreover, he has had the wisdom to recognize the value of specialism in medicine, and to avail himself of the pens of several able assistants. Thus Cohen has revised the chapter on the respiratory organs, Harlan that on the eye, Burnett that on the ear, in addition to the aid in other parts from Thomson, Seguin, Battey, L. H. Sayre, and Dunglison, while the book shows on many a page the skilful and able hand of Prof. Samuel W. Gross, the worthy successor of his father in the professorial chair at Jefferson Medical College.

The work is worthy of its distinguished author, and is a monument to his learning, his industry, and his skill. Long may it be his privilege to reap its fruits and enjoy the honor of his labor.

THE PHYSICIAN'S VISITING LIST FOR 1883. Philadelphia: P. Blakiston, Son & Co.

FOR over thirty years, this extremely useful book has been an annual visitor. Steadily, too, it has grown better, until now it can scarcely be improved upon. Two sizes are made, for twenty-five and fifty patients respectively. Besides the daily visiting list, there are an almanac, a description of Marshall Hall's ready method in asphyxia, tables of poisons and their antidotes, weights and measures—including the metric—a posological table, with blanks for the addresses of nurses, obstetric engagements, accounts, etc. We welcome its familiar face, and only suggest that, since Silvester's method of resuscitation in asphyxia is better than Hall's, as we showed in our issue of August 12, it should replace the latter.

A TREATISE ON THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF THE SULPHATE OF QUININE. By OTIS FREDERICK MANSON, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. Pp. 64. Philadelphia: J. B. Lippincott & Co., 1882.

WE are quite unable to discern the motive for the publication of this monograph. The modern researches which have thrown light on the action of quinia, are simply ignored. The writer seems to have no acquaintance with the literature of a more recent date than the treatise of Giacomini on Materia Medica and the monograph of Briquet on quinia and its preparations. It seems idle to be engaged in the vamping-up of old works, when modern works, which contribute something towards the solution of the problem, are right at our hand. So far as he has gone, well enough; but Dr. Manson should have withheld this effort from publication until he had extended his researches into the contributions of modern therapeutists. If he had done so, his treatise would have contained matters of the greatest moment to the profession. As it stands, we do not see that the real ability of the author has found a proper scope for development.

THE VEST-POCKET ANATOMIST (founded upon "Gray"). By C. HENRI LEONARD, A.M., M.D. 12mo. pp. 82. Detroit: 1882.

THOUGH "founded on 'Gray,'" as upon a rock, we trust that this book may suffer the destruction of the house of unstable foundation. So far as we can see, there is but one good thing about it: the author—no, we mean the compiler—justifies his A.M. by a correct Latinity, even down to anconéus, corrugátor, and masséter, though he comes to grief on the "nervus pudica."

It is from beginning to end simply an advertising affair. The compiler gives his titles in full, from Professor of this and that, down to his membership in a no doubt justly celebrated County Medical Society, but whose fame, we regret to say, never before had reached our ears. What terrible titles then must be hidden under the final "etc!" The preface tells of the "surprise and pardonable pride of the author"—for such by courtesy he calls himself—in the rapid sale of the book. On the opposite page are advertised five other "works"—Heaven save the mark!—by the same "author;" namely, one on the Hair, a Reference and Dose Book, a Manual of Bandaging, a Day Book, and a Ledger! At the end of the book, the same now familiar friends appear, together with Dr. Leonard's vaginal speculum and Dr. Leonard's utero-metric sound. Of course, being a professor of gynecology, he must invent a new sound and a new speculum. But the crowning glory is still wanting. Let him invent—and advertise—a new *forceps*, by C. Henri Leonard, A.M., M.D. The world waits for it.

The book is a worthless rehash of the simplest facts of anatomy—one of that miserable class of books for cramming, that we only notice to condemn, along with the advertising methods of its "author."

SOCIETY PROCEEDINGS.

THE AMERICAN ACADEMY OF MEDICINE.

Seventh Annual Session, held in Philadelphia, October 26 and 27, 1882.

(Specially reported for THE MEDICAL NEWS.)

THE seventh annual meeting of the American Academy of Medicine was held in Philadelphia, at the hall of the College of Physicians, on Thursday and Friday, October 26 and 27, 1882, DR. TRAILL GREEN, of Easton, Pennsylvania, President, in the chair.

After the reading of the minutes, the names of about fifty applicants for membership were read by the Secretary, as having been approved by the Council. All of these gentlemen were then elected as Fellows of the Academy. It may be stated that the Fellows are selected from those only who have received the degree of A.B. or A.M. in regular course, in addition to that of M.D., and that the chief purpose of the Academy is an improvement in the preliminary education of those who are about to enter upon the study of medicine.

An amendment to the constitution, proposed at the last meeting, limiting the number of vice-presidents to two, instead of four, was rejected.

The Secretary read a short paper by Dr. ELISHA HARRIS, of Albany, New York, on

THE PUBLIC HEALTH SERVICE IN ITS RELATIONS TO THOROUGH PREPARATION OF THE PHYSICIAN.

He urged that the experience of numerous communities is continually demonstrating that the majority of practising physicians have so failed to prepare and outfit themselves in the natural sciences, in habits of accurate and studious observations and medical logic, and in mastering the stores of knowledge, that they are not adequately educated for the highest duties of public sanitary service. The time and cost of the disciplinary course of study which the writer considered so desirable, are never a waste, and the acquisition of science and of the essential habits of scientific study will become the wealth which the sanitary counsellor and health officers most need.

The deaths of three Fellows of the Academy were alluded to by Dr. C. C. Bombaugh, of Baltimore, Md., after which the Secretary read a semi-biographical minute of the professional services of Drs. H. Lenox Hodge, of Philadelphia, James M. Shearer, of Dillsburg, Pa., and William H. Allen, of Philadelphia, the deceased fellows referred to.

DR. BENJAMIN LEE, of Philadelphia, then read a paper on

THE ADVANTAGES OF A LIBERAL EDUCATION PRELIMINARY TO THE STUDY OF MEDICINE, AS ILLUSTRATED IN THE EARLY HISTORY OF MEDICINE IN THE COMMONWEALTH OF PENNSYLVANIA.

The objects of the paper were, first, to claim for Pennsylvania that meed of praise which is her due as the mother of medical science in this country; and, secondly, to show that she owes this proud position in history to the fact that so many of her early physicians were men of liberal education and elegant scholarship, the majority of those whose names have come down to us as worthy of remembrance having taken the degree of Artium Baccalaureus before they entered upon the study of their profession. The physicians of Philadelphia, in the middle of the last century, were not men of limited education or scanty intelligence. On the contrary, there are few of us at the present day who would care to institute a comparison between the more prominent of them and ourselves, as to classical culture, general knowledge, elegance and polish of manner, habits of thought and observation, and in certain branches even as to professional attainments. The paper was full of interesting historical and personal reminiscences of the medical men who flourished in the days when the little city on the banks of the Delaware had only fifteen or twenty thousand inhabitants. It was true then, it is true now, said the writer, that while the physician who has enjoyed no early advantages in the way of a finished education, and has taken no pains to remedy this deficiency later in life, may be a successful physician and acquire a lucrative practice; he rarely becomes a leader of medical opinion, a founder of schools, a reformer of error, an ornament to his profession.

DR. H. O. MARCY, of Boston, Massachusetts, then read a paper on the

ANTISEPTIC TREATMENT OF OPERATION WOUNDS,

in which he discussed, in an exhaustive manner, the general principles involved. After a general review of the antiseptics used at the present day, he gave a statement of numerous experiments carefully made by himself, with carbolic acid, chloride of zinc, thymol, boracic acid, salicylic acid, etc. He found that carbolic acid still stands at the head of the list of antiseptics. Next comes thymol; but boracic acid he found much inferior to the rest in antiseptic virtues.

DR. LEWIS H. STEINER, of Frederick City, Maryland, read

A REPLY TO A RECENT CRITICISM OF A COLLEGE PROFESSOR UPON THE OBJECTS OF THE ACADEMY,

in which the latter had contended that a college education rather unfits a person for the practice of medicine. The writer of the reply showed conclusively that such was not the case, and urged in the most strenuous manner the great need of good preliminary education to those entering upon the study and practice of medicine.

DR. GEORGE M. BEARD, of New York, then read in abstract a very elaborate paper on

THE MEDICAL PROFESSION, AND MEDICAL EDUCATION IN EUROPE.

The general conclusions reached by the writer, after considerable personal study abroad, may be formulated in three propositions: 1st. The best system of education in Europe, including both preliminary and medical, is found in Germany. The German physicians are the best educated in the world, both in general and special training. 2d. Next to Germany comes France, where as in Germany it is impossible to get a medical degree without a more or less thorough preliminary education. 3d. In Great Britain less preliminary education is required for medical students than in any other of the great nations.

The special defects in the English system are, in addition to the deficient preliminary education, 1st. Too little instruction; 2d. Too much examination. It is estimated that only a small per cent. of the English physicians are graduates of Oxford and Cambridge. If a student must economize in time or means, let it be in the professional and not in the academical training; lengthened terms of medical study will not alone very greatly raise the character of our profession. No amount of medical education can make up for deficient general education, and no examinations, however severe, can take the place of instruction. Medical books, especially recent cyclopedias and monographs that are not needed by medical students, have a much smaller sale and are less generally read than in America. Ziemssen's cyclopedia, which in this country sold by thousands, was purchased in England only by a few hundreds. German and French mono-

graphs have comparatively a limited circulation in England as compared with this. Outside of a small circle of German-taught experts the medical literature and the medical practice of England is from five to fifteen years behind Germany and America.

The *Staats examen*, or State examination, is one of the glories of Germany; it is by a central and independent body whose members are not members of the faculties through whom the candidates acquire their education; and whose chief temptation is to be just.

The Germans are thinkers, philosophers, men of abstract ideas with inherited genius for theory and for language. In Germany nothing counts but originality; a man must say something or do something different from what has been said or done before. Germany is a great medical centre, because it is a great thought centre.

The defects of Germany are mainly on the side of practical application of science and philosophy to daily wants in medicine, the special great defect is in the treatment of disease; the German are non-therapeutists. The social status of the profession in Europe is a reflex and reward of education and character. The profession as a profession has slight honor; the position of its individual members comes from individual characters despite the calling.

The practical applications in this country are these: Encourage young men about to study medicine to acquire university education in the very best of our universities.

Encourage young men to study and travel in Germany.

Encourage young men to do original creative pioneering, both in medical philosophy and medical experiment.

Within two decades America has pushed forward largely under German inspiration and encouragement at least a century.

EVENING SESSION.

The Academy reassembled in the evening, to hear the

ADDRESS OF THE PRESIDENT, DR. TRAILL GREEN.

He alluded to the progress ef sentiment in favor of an improved preliminary education since the foundation of the Academy, and to the views of many honored teachers in the profession, whose experience in the schools, as well as in private practice, qualified them to judge of the wants of those who were asking admission to the profession, such as Drs. John W. Francis, N. Chapman, Alexander Sterns, Jacob Bigelow, Oliver Wendell Holmes, N. S. Davis, J. R. Wood. W. K. Bowling, S. D. Gross, and many others. From year to year the American Academy of Medicine has made constant advances, and distinguished practitioners and eminent teachers continue to enroll themselves in the annually increasing list of the Fellows. He cited, as a point accomplished through the influence of the Academy, the law of the State Medical Society of Pennsylvania, passed in 1878, demanding that students of its members should be examined by boards of medical examiners, appointed by county medical societies, as to educational qualifications, before entering upon their medical studies; and in 1880 the Society enforced the law by refusing representation from county societies which did not comply with the law. Prof. Tyson's address, delivered in 1882, he quoted, in which he urges that "the finished physician shall not only be thoroughly trained in all that pertains to our profession, but he shall also possess a university education or its equivalent." In 1876, the year of the organization of the Academy, Harvard was the only school in this country which required a preliminary examination of intending medical students; now there are thirteen colleges which require the diploma of a literary institution or a preliminary examination, and three schools require a preliminary examination, The speaker thought that this exhibited great progress in six years. He thought that the colleges which demand such examination will have public sentiment to sustain them. May it be our purpose, he said in conclusion, to so impress the minds of young men who are looking to the medical profession as the field of their labor that their experience may be that of cultured scholars and skilful physicians, whose lives may be useful and adorned by the liberal culture to which we invite them.

SECOND DAY, OCTOBER 27TH.

The Academy met at 10 o'clock, and, after hearing the Treasurer's report, the report of the Nominating Committee, appointed on the previous day, was presented, and the following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—DR. H. O. MARCY, of Boston, Massachusetts.

Vice-Presidents.—DRS. GEORGE M. BEARD, of New York; WM. ELMER, of Bridgeton, New Jersey; CORNELIUS R. AGNEW, of New York; and THOMAS M. DRYSDALE, of Philadelphia.

Secretary and Treasurer.—DR. RICHARD J. DUNGLISON, of Philadelphia.

Assistant Secretary.—DR. CHAS. MCINTIRE, JR., of Easton, Pennsylvania.

The next meeting is to be held in New York, in September, 1883.

After the election of several additional Fellows, the Secretary read letters received from the attending and consulting surgeons of the late President Garfield, received in response to the resolutions of sympathy and respect passed at the last annual meeting of the Academy.

On motion of DR. STEINER, the Secretary was authorized to make arrangements hereafter for a collation at each meeting, after the delivery of the annual address of the President, for such of the Fellows as may notify him of their desire to join in the same, the expense *per capita* not to exceed two dollars.

DRS. HENRY FRAZER CAMPBELL, of Augusta, Georgia, and AUSTIN FLINT, SR., were then elected *honorary members* of the Academy.

The Secretary read a paper by DR. NATHAN ALLEN, of Lowell, Massachusetts, upon

THE INFLUENCE OF MEDICAL MEN,

in which he discussed the various channels of usefulness in which the educated physician could make himself useful in improving the moral, physical, and sanitary conditions of the community.

Dr. Dunglison, who had been appointed in 1880, with Dr. Marcy, of Boston, a committee to report on

THE LAWS OF MEDICAL PRACTICE IN THE UNITED STATES AND CANADA,

Presented the Annual Report, exhibiting the progress which had been made during the last twelve months in this form of legislation, showing the modifications in some States, the defects in others, and the general advance made in this direction in the various States of the Union since their previous report. The Committee had obtained official copies of almost all the Acts of medical interest now in operation in the various States, and in the Dominion. So far as their knowledge extended, laws of many and different degrees of force and efficiency are now existent in twenty-two States, and two territories, and in all the Provinces of Canada, having for their object the regulation of the practice of medicine. The States and Territories referred to are

New Hampshire, Connecticut, New York, New Jersey, Pennsylvania, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Louisiana, Texas, Arkansas, Illinois, Missouri, Colorado, Wisconsin, Kentucky, Nebraska, California, and Washington and Wyoming Territories.

DR. MCINTIRE then read an excellent paper on

THE RELATIONS OF THE ACADEMY TO THE PROFESSION.

The writer first inquired into the exact condition of the medical profession as at present constituted, having obtained data for the classification of physicians upon an educational basis, from statistics collected from county and other medical societies in Pennsylvania and New Jersey, from a large number of college catalogues, etc., the object of the writer being to show that a very small percentage of college graduates become physicians, and that a very large majority of medical men have never received any college training. The paper, which was elaborate and carefully written, teemed with interesting statistics, the publication of which would be essential to an intelligent appreciation of the merits of the paper. The writer dwelt in conclusion upon the high mission of the Academy, and suggested means by which its usefulness might be extended.

After a vote of thanks to the College of Physicians for the use of their Hall, and to the fellows resident in Philadelphia for a collation tendered the visiting fellows at the Colonnade Hotel, on the previous evening, the President-elect, Dr. H. O. Marcy, was inducted into office. After eloquent remarks by the latter, and by the retiring President, and the appointment of Dr. Benjamin Lee, of Philadelphia, and Dr. L. D. Bulkley, of New York, as additional members of Council, the Academy adjourned.

CORRESPONDENCE.

A FEW WORDS ON THE ESTABLISHMENT OF VETERINARY SCHOOLS IN THE UNITED STATES.

To the Editor of THE MEDICAL NEWS.

SIR: The caustic and true remarks, in your editorial of the issue of September 30, under the heading of "The Medical School Scandal," so fully coincide with those I have repeatedly published with reference to the establishment of veterinary schools in this country, that I feel emboldened to trespass upon your indulgence with a few remarks.

The general public, and I am very sorry to say, also, many members of the medical profession as well, scarcely realize, to its full extent, the value of veterinary science to a country, especially from the economical and hygienic standpoints. The veterinarian is generally looked upon as part of the adjuncts of the stable or kennel; and any attempt on his part to show he has duties of a more elevated character are looked upon as the dreams of a visionary enthusiast. These *dreamers*, however, find sufficient evidence to support their assertions in the testimony which is given by the gradual decrease of the losses occasioned by annual pests on the continent of Europe in comparison with those of the last and previous centuries, when gods or devils were supposed to instigate them as tortures for humanity, who fled to the impotent priests of the day for relief, instead of to scientific study of the causes and nature of these devastations.

But aside from the study and treatment of animal disease *per se*, the educated veterinarian is destined to play a still more important part in the world's progress, a sphere in which he stands, or may stand, in every way on a plane with the most advanced mediciners; this field is that of public hygiene, and the veterinarian's special branch is, *the relation of animal diseases, or the products from diseased animals, to the health of humanity*. One need but allude here to market and slaughter-house inspection, to the contagious diseases transmissible to man; to trichinosis, tuberculosis, and last, but not least, to the inspection of dairy stock, by which the consumer may be assured that the cow giving the milk is healthy, as well as that the milk is not adulterated after being taken from the cow. Our milk inspection, as at present carried out, begins at the wrong end of the route; we examine the water at the faucets of delivery, but entirely neglect the fountains, or sources, from whence it springs. That the time has come when certain authorities, communities, or individuals, are beginning to appreciate the demand for a greater number of veterinarians is made evident by the success of certain private (speculative) institutions for the education of students, and that several of our universities are taking steps in that direction.

Your remarks, above alluded to, bear especial relation to the case in point, and should by no means be lightly passed over by those entering upon this path of education. It will not be over fifty, and perhaps not twenty-five years, before this country will be as completely overrun with irresponsible, speculative veterinary schools, displaying the disgusting and degrading phenomena of hunts after students, cheap diplomas, general rivalry, etc., which now exists, and so disgraces what may be called the medical institutions of the United States, though of course there are, and ever will be, exceptions to this rule. One thing must not be forgotten, the demands of the public for veterinarians will never be as great as for mediciners.

From what has been done so far, and is at present contemplated, it would seem as if we were bound to utterly ignore the teachings which may be drawn from countries where veterinary schools have existed for a century or more.

If we follow any example, it is that of England, which is only to be at once condemned, the schools being private affairs, utterly without responsibility, until the profession took its protection into its own hands by the formation of the Royal College of Veterinary Surgeons, which is acknowledged by the Government (only within a few years), and now constitutes the examining and diploma-granting body. Even this we can scarcely ever expect to arrive at in this country.

With reference to these British schools it should never be forgotten, that neither of them have ever produced any scientific contributions to veterinary literature, and that all that can be said of them is that they are and have been successful in producing good routine practitioners.

The case is far different with the continental schools: the work of their teachers forming the foundation upon which our veterinary literature at present stands. In this regard one need but mention the names of Gerlach, Bouley, Channeux, Toussaint, Erculasic, and others; men who have not been without their contributions of value to general medicine.

The English schools are, in reality, nothing more or less than speculative affairs, the benefits going to the teachers and the subscribers, who, for a certain sum per year can have the benefits of the school hospital. There is no very good feeling existing between the profession in the cities where these schools are, especially London, and the faculty, the schools frequently doing a "cutting" business with regard to fees.

Again we see it proposed to have one or two technical teachers attached to the faculty of our medical schools, *vide* Harvard. Fully aware that this is but a beginning,

we nevertheless feel that it is a mistaken one, not only with reference to Harvard, but more to the advancement of the profession. It is absolutely impossible for the teachers of human medicine to properly adapt themselves to veterinary medicine; and again, it can only lead to production of routiners in medicine. Virchow would speak of such teachers as "Mädchen für alle," servants for general housework. The question is what do we want to produce, routine practitioners or scientifically educated men?

So far as the country goes, so far as any appreciation of medical science *per se*, either for the young mediciner or veterinarian, I mean ability for original research as understood in Europe, any American might as well blow his brains out at once and throw his money into the fire; there is at present no place for him in the United States, unless he has money enough to establish a private laboratory, work for his own pleasure, and publish his work in Europe. His profession would pat him on the back and speak of him as a good fellow, but a fool; "better make money," the ultimum of American success. The people in general would call in the first quack in preference, in consequence of his "great practical experience" (in gulling people out of their money).

Unfortunately my ambition for both human and veterinary medicine is on a higher plane. What we want is more of the true scientific spirit in our schools and permeating the profession. If not in the faculty, it will never be in the profession, and it will never be in the profession with the schools as they are. The chartering of private, utterly irresponsible schools for medical education in any branch cannot be too strongly condemned. Even should the different States establish State schools, funded and controlled by their respective authorities, we should be so overflowed with practitioners, as human medicine now is, and there would be as great an inequality in the quantity and quality of education given or demanded of graduates as now exists in human medicine, and a graduate's diploma as worthless until we knew from which school he came.

If it were conducive to the best interests of a country to have one or two technical teachers attached to medical schools, for the advancement of veterinary science, we should not see the great powers of Europe supporting entirely separate institutions at great expense. The Berlin schools cost more than $20,000 per year above receipts, with large faculties. Berlin has 13 professors and a large number of assistants, and is erecting institutes for the study of special branches; the new pathological institute at Berlin is to cost $50,000; at least such is the appropriation. It is from the work done at these schools that we have learned how to control animal pests, and the nature of most of the diseases of our animals.

When we come to ask how is it that such work has only been done at continental schools? we find the simple answer, that they are government schools, supported and controlled by their respective governments. We find, unquestionably, that most of the students graduated simply became practitioners, but still the scientific spirit is instilled into them, and if real genius for original work comes in but one out of a thousand, still that one finds support and encouragement from his colleagues, and becomes a useful servant to the State.

Notwithstanding the present rottenness of our Government and the manifold injurious influence of American politics, it would be better for the country could this new movement die while in its embryo condition, and be substituted by one or two large schools supported by the government. We should then have one standard of education and the rivalry of schools, which will never be healthy, scientific, but for students, would cease, and we should not have what now exists in human medicine in our different cities, antagonistic cliques, or societies, composed of the graduates of different schools, each having more or less bitterness towards the other. This condition even exists among veterinarians to-day. If the medical profession is really alive to its own future progress, it will use its influence to keep our new branch of study from following its own bad example.

Respectfully, yours,

F. S. BILLINGS.

BOSTON, October 28, 1882.

A CASE OF RUPTURE OF THE LONG HEAD OF THE BICEPS.

To the Editor of THE MEDICAL NEWS.

SIR: Early in July a German æt. 57, of strong frame and sanguine temperament, a photographer by trade, came to me complaining of great pain and soreness in the region of the shoulder. An examination revealed the following deformity. The right biceps muscle was displaced downward and inward toward the body. There was a marked depression on the outside of the muscle. On flexing the forearm on the arm, the muscle elongated itself somewhat and drew further inward. The history of the case showed that whilst he was lifting a stove and at the same time drawing it toward him, he felt something give way in his arm and heard a distinct *snap*, at the same time becoming so faint as to be obliged to sit down. As soon as he was sufficiently recovered, he came to my office, where a fracture of the long-head biceps was diagnosed and he was treated by simply placing his arm in a sling. On account of the infrequency of such accidents, I have had him photographed and reported his case.

Yours, respectfully,

CHAS. K. LADD.

TOWANDA, October 27, 1882.

"SANITARY INSPECTION OF SEA-SIDE RESORTS."

To the Editor of THE MEDICAL NEWS.

SIR: I am glad to see an editorial in your issue of October 28, on the subject indicated above. There can be no doubt of the necessity for rigid sanitary inspection of the entire shore line of New Jersey; but there is one remark your editorial discloses that is not in strict accordance with the facts. It is this, "The soil of the whole Atlantic border of the State predisposes to a bad sanitary condition," etc. While this may be true of some sections, it is certainly not applicable to that portion of the coast, a distinguished feature of which are the *Highlands of Navesink*. Taking Sea-Bright as a starting-point, and following the northern and western line of the coast, for a considerable distance, the elevation above the sea ranges as high as two hundred feet, and the soil is a rich loam, with a gravel subsoil, which is under thrifty cultivation to the water's edge. The natural surface-drainage is complete, and the soils which underlie the surface, contribute by nature the elements for successful subsoil drainage. The forests are totally devoid of the characteristic Jersey pine, which only thrives in sandy land and is seldom found on hilltops. The Shrewesbury and Navesink Rivers skirt the foot of the mountain spurs, and the lawns of the summer villas which enliven their shores are green and fertile on a natural soil, the productiveness of which is proverbial.

The Board of Health should penetrate this region also, and should be none the less inquisitive and searching in its procedures, but yet it is due to truth and fair-

ness that exception should be made to your remark, which embraces "the whole Atlantic border," by excluding the region of the Highlands, which though comparatively small, does constitute a decided exception to the general and superficial observations of the coast of the State. For years past I have visited in the summer some part of the Atlantic coast of New Jersey, and am somewhat familiar with the line from Cape May to Sandy Hook. During the last summer I spent two months in the region referred to, and during that time took special pains to inquire of physicians and others into the prevailing disorders and their causes. Also in correspondence with the Board of Health of the State, urged a strict sanitary inspection of that, as yet, comparatively new region, that I might be fortified in the conclusions to which I had arrived concerning its exceptional advantages. I have the promise of the Board, but they have been so occupied with other duties that they have not yet made the inspection. I do not believe that any new place should be patronized as a summer resort that does not first secure the approval of the State Board of Health as to its sanitary condition, and that such approval should take the form of a certificate that should be framed and posted in every hotel and at all conspicuous places within the jurisdiction. The public would then have some assurance in which they could confide. As it now is, we are subject to the caprice and ignorance of local authorities and interested parties.

In the Highland region referred to, there are already evidences of marked improvement and growth. Navesink Park, Glenoble Park, Atlantic Highlands, Hillside Park, and corporations under other names are occupying and developing this remarkable region, which for beauty of situation, splendid mountain and forest drives over good roads, and magnificent ocean and landscape views, cannot be excelled. It needs only one thing more to complete the circle of attractions, and that is the guidance and direction of the State Board of Health to outline its sanitary policy. This has been solicited, and in due time will be secured, at least so far as Glenoble Park is concerned, and I have no doubt other parties in the same region will be glad to have the Board direct their course in matters appropriate to their special function.

As to the action of the press in this connection I am satisfied it sometimes speaks without proper knowledge or investigation. Much is said about *malaria*—a term that is used in a very indeterminate sense, and I am sorry to say, by the profession, as by others. People frequently overlook the fact that sewer gas that is eliminated during their absence and permeates their closed dwellings to greet them on their return from their vacations, produces illness, which is at once attributed to a summer residence in a locality that has not been protected by suitable sanitation. The old idea, that people may live in a malarious district for several consecutive months or even years and not be affected by the malarial conditions till they remove to a more healthy climate, still clings to many people, and they thus make grave mistakes as to the causation of diseases of which they may become the victims. I venture to say that there is no more common word that is on every tongue, and that is used by everybody to account for every form of disorder than the word malaria. Indeed it is now applied as a term designating a disease—you have the malaria, as one would say you have smallpox, is a very common way of putting it, and it is certainly as unscientific as it is untrue.

As I write this page I am in receipt of a letter from a medical friend in another State, who says: "I am just out from an attack of malaria." Had he proceeded to indicate the nosological rank of his disorder I should have been gratified. He resides in a hilly and rocky part of New England, and it is possible that the form of malaria in that locality differs from that which you describe as originating in a soil that is "porous," and "so saturated with decaying filth that it is a serious source of danger." Your description is unfortunately too true to be overlooked with safety, or denied with success; but it does not apply to the whole coast of New Jersey. There are exceptions, some of which I have ventured to introduce to your readers.

I am, Sir, yours, etc., J. P.

BURLINGTON, N. J., October 30, 1882.

NEWS ITEMS.

BROOKLYN.

(*From our Special Correspondent.*)

IMPURE DRINKING WATER.—Several cases of sickness having been alleged to be due to drinking the water of the public wells of the city, the chemist of the Department of Health, DR. E. H. BARTLEY, has examined about fifty of the well-waters, and has found that very few of them are fit for use as drinking water. About ninety per cent. of them are condemned on account of distinct evidence of their contamination by sewage, and the Common Council has been requested to cause the filling in of the condemned wells. Even the best of the wells are much inferior in purity to the regular Ridgewood water supply. The number of the public wells is being gradually reduced.

SALE OF OVERFED POULTRY.—The Commissioner of Health has been authorized by the Board of Aldermen to enact and enforce such measures as will protect the public against the sale of gorged or overfed poultry.

DENTISTS' LIABILITY.—In a suit recently decided by the New York Marine Court, General Term, Judge McAdam writing the opinion of the Court, the liability of dentists to their patients is stated. The suit was brought by Thomas J. Kelly to recover damages from Gardner B. Colton and Louis M. Colton for injuries caused by allowing a piece of a tooth which was being extracted to drop down the plaintiff's throat while he was under the influence of laughing gas. The piece slipped from the forceps, and for four weeks thereafter the plaintiff was troubled with a cough until he finally coughed up the piece. The Court holds that while a patient is under the influence of an anæsthetic which deprives him of the use of his faculties, the operator is bound to exercise the highest professional skill and diligence to avoid every possible danger, and in this case it is the opinion of the Court that on the trial the circumstances shown were sufficient to carry the case to the jury on the question of negligence.

The judgment appealed from was in favor of the plaintiff for $500 damages, and this judgment is affirmed by the present decision.

INTERNATIONAL CONGRESS FOR THE ADVANCEMENT OF SCIENCE.—At a recent meeting in Montreal it was suggested that an international congress of the British and American Associations for the Advancement of Science be held in New York or some other desirable point in 1884.

ILLEGAL PRACTITIONERS.—Two physicians—alleged quacks—in New York City have been fined for practising medicine illegally; the Medical Society of the County making the complaint on which the case was brought to prosecution.

RICHMOND.

(From our Special Correspondent.)

THE MEDICAL COLLEGE OF VIRGINIA TROUBLE is in abeyance. The old Faculty and old Board of Visitors are still in possession, and it is not likely that an issue between them and the newly appointed board will be made before spring, when the case will probably come before the Courts.

LONDON.

(From our Special Correspondent.)

THE PHYSICS OF THE CIRCULATION.—I was present last night at a lecture given by Prof. Lister to the members of the University College Medical Society, of which Society Prof. Lister was the president when he was a student at this hospital. The Society which is a very flourishing one, has during recent years had a special meeting in October, when it has asked some distinguished teacher to deliver a lecture. An account of Mr. Lister's lecture may interest your readers, but it is only fair to observe again that it was intended for students.

Mr. Lister then began by referring to the great value of the knowledge of the simpler physical laws in the study of physiology and in practical medicine, and deploring the fact that a knowledge of physics was still not insisted on by many of our qualifying boards, he stated his intention of pointing out some of the practical bearings of the laws of hydrostatics and hydraulics. He first reminded us of the fact that if fluid is poured into two communicating tubes it will always stand at the same level in each, whatever the relative size of the tubes may be, because fluid pressure is equal and opposite in all directions. Then he explained to us the "Hydrostatic Paradox," and the mechanism by which a small column of water is made to raise a heavy weight placed upon a communicating chamber of much greater area than the column, then naturally referring to the Bramah Press. As an illustration of the working of this physical law, he introduced the application of a graduated compress to a wound of the palmar arch. It was necessary to have the apex of the compress exactly on the wound of the artery, for if it were not the wound would be converted into a Bramah press, and the small force of the escaping blood would be multiplied into one great pressure which would either succeed in displacing the compress, or in distending the loose tissue.

Mr. Lister then passed on to speak of fluids in motion, and he used a simple apparatus for his experiments. It consisted of a vessel containing colored water raised upon a high stool; from this vessel passed a long rubber-tube which terminated in a small glass nozzle. The tap in the tube was turned and the height to which the fluid was projected was noted: 3 or 4 feet of the central part of the tube were then replaced by an equal length of a tube of double the diameter and four times the capacity, and again the height of the jet was noted—the same as before. It was then shown that the interposition of a larger tube in a smaller did not increase the difficulty of forcing on fluid, and therefore it was a great error to say or think that varicosity of veins caused an impediment to the circulation of the blood.

Next the tube was raised to various heights between the glass nozzle and the glass reservoir and also depressed, and this shown to have no influence upon the force with which the fluid escaped. Thus it was proved that by mere hydraulic laws the position of any part of the body could not influence the circulation except in so far as a slight yielding of the veins might be effected when in a dependent position, reminding us that raising the head of a person much debilitated from long illness may cause syncope from anæmia of the brain, and that depressing the head of a faint person will infallibly cure this condition and cause more blood to flow through the brain.

Mr. Lister also asked how this was to be explained, seeing that the brain was contained in a closed cavity, and that under the action of gravity it would be the veins rather than the arteries which would yield and dilate. To explain these effects, the following experiments were referred to: Many years ago he had had a horse slung so that he could be placed in any desired position; he then laid bare one of the metatarsal arteries, and observed that when the hoof was depressed the wound bled freely, and that the artery was large and pulsated forcibly; while if the horse was inverted with his hoof uppermost, the wound ceased to bleed and the artery shrunk and its pulsations were not visible; that this could not be explained by the alteration in the blood pressure was clear from the fact that, as pointed out by H. Hales, the blood-pressure in the carotid of a horse would raise a column of blood seven feet, and the alteration in position was not to half this amount. Again, when a large artery like the femoral was exposed for the purpose of putting a ligature on it, the vessel was seen to be of constant calibre unaltered by the ventricular systole, and yet the blood pressure was double at the systole to what it was in the diastole. He had demonstrated this some years ago by a very ingenious experiment. A glass tube with an exceedingly fine orifice was fastened into the external carotid artery of a calf and inclined at an angle of about forty-five degrees.

The fine jet of blood was then made to fall on a sheet of white paper, the lower edge of which was 11½ inches from the calf; as the paper was steadily moved along, a tracing of the blood pressure by the blood itself was obtained; this was in the form of very bold curves, which, when measured, showed that during the contraction of the ventricle the blood-pressure was double that during its diastole. But yet, in H. Hale's original experiment, the blood only oscillated a few inches in his long glass tube, and in pulse-tracings, given in physiological works, the effects of the heart are shown by shallow notches only, while the effect of respiration was marked by a bold, free curve. This, Mr. Lister explained, was due to the fact that in these apparatuses a certain length of time was required for the systole to record its effect, and before this elapsed the diastole followed.

The last experiment was in the form of a demonstration on one of the students. Baring the two arms, the right was raised vertically and the left held dependent. In a few moments the former became pale, the latter turgid and red. An elastic band was now quickly placed around the upper part of the right arm to prevent any blood passing to the parts below. After a short interval this band was removed, and although the arm was still held up it became redder than its dependent fellow. Mr. Lister deduced from these facts that when any part is raised its vessels contract in obedience to a stimulus conveyed through the vaso-motor nerves, possibly excited by the slight dilatation of the veins which occurs at first; but when tissues are deprived of their supply of blood for a given time, the demand for it is so urgent that by means of the same nervous mechanism all the arteries are dilated, even in spite of the position of the part. So, when an artery is ligatured in its continuity, the part below is at first blanched and cold, but soon it becomes reddened and warm from the dilatation of all its bloodvessels. But the change in calibre of vessels produced by pressure may spread to neighboring parts, and accordingly raising the legs will cause contraction of the pelvic bloodves-

sels and give relief in cases of piles and many other diseases of the pelvic viscera. In cases of epistaxis raising the arms will cause contraction, not only of the arteries of the arms but also of the Schneiderian mucous membrane, which is often sufficient to stay the bleeding.

Thus was shown that the cause and cure of fainting could not be explained on merely hydraulic principles, but was evidently dependent upon this vital law by which raising a part caused contraction of its vessels through the vaso-motor nerves stimulating the circular muscular fibres of the arteries.

Mr. Lister had no time to give further illustrations of the use of physical knowledge. I think this lecture may interest your readers, particularly as it shows that Prof. Lister is not by any means a man of one idea who can only speak on "antiseptic" surgery.

The medical world is now in full activity. The schools have commenced, and rumor says that the entries of new students are hardly up to the average of recent years. The various medical societies are beginning their meetings, the Clinical Society leading off on Friday, Oct. 13. I shall endeavor to send you early notice of anything of special interest recorded at either of these societies.

VIENNA.

(From our Special Correspondent.)

PREGNANCY AT AN EARLY AGE.—A girl, *thirteen* years old, native of lower Austria, belonging to the peasant class, was admitted into Prof. Braun's obstetric clinic, in Vienna, upon Sept. 29th, in her first pregnancy. She had menstruated three times before conception occurred, and the menstrual discharges were said to have been profuse. The girl was slightly developed even for her age.

Abdominal examination revealed pregnancy in the ninth lunar month, vertex presentation. The pelvic measurements were as follows:

Distance between anterior superior spine of ilia,	24 cm.
Distance between crests of ilia,	25 "
Distance between great trochanters,	29 "
External conjugate diameter,	18 "
Internal conjugate diameter,	10 "
Conjugata vera,	8 "
Pelvic circumference, measured from spine of last lumbar vertebra, between trochanters and crests,	74 "

Vaginal examination revealed vertex presentation, first position.

Labor pains were felt at 6 o'clock P.M., Sept. 28th, the bag of waters ruptured at 8 o'clock A.M., 29th; birth of a male child weighing 2370 grammes, length 45 centimetres, followed at 12.30 o'clock P.M. Placenta was delivered a few moments later.

The mother has fully recovered and will soon leave the hospital with an abundant secretion of milk. The child is living and thriving.

ERROR IN DIAGNOSIS.—Within the last few days, Prof. Chrobak had occasion to call the attention of his class to an infrequent error in gynecological diagnosis.

A woman presented herself to him, with an excessively fetid vaginal discharge, which the accompanying letter of a famous Vienna gynecologist attributed to an ulcer upon the cervix, which he had labored for weeks, in vain, to cure by caustics, applied through Braun's hard-rubber speculum.

Prof. Chrobak, after a careful examination, withdrew from the vagina a sponge, with an excavation, neatly etched in its center, corresponding to the extremity of Braun's speculum, and doubtless mistaken by the zealous practitioner for a cervical ulcer; with the removal of the sponge, a large quantity of dammed-up menstrual fluid escaped, and the supposed ulcer instantly disappeared.

DR. WILLIAM F. NORRIS. — Americans generally, and Philadelphians particularly, studying medicine in Vienna, have been properly gratified by the flattering reception which has been accorded to Professor William F. Norris, M.D., upon his present visit to Vienna. Professors Stricker and Arlt have vied with each other in doing honor to their former pupil. Stricker, with his experiments upon cerebral localization, performed out of semester time and upon monkeys, and Arlt, with his specially arranged cataract operations, have evidenced in a substantial manner their high respect and esteem for the distinguished foreigner. This expression of good feeling is especially worthy of note as occurring in Vienna, a city proverbially slow to recognize merit in foreign physicians.

PROGRESS OF YELLOW FEVER.—The Surgeon-General of the Marine-Hospital Service gives the following *mortality for the week ending October 28, 1882:*

BROWNSVILLE, TEXAS.

Dates.	Cases.	Deaths.
From Oct. 21 to Oct. 25,	15	0
October 26,	8	0
" 27,	2	0
" 28,	1	0
Total,	26	0
Previously reported,	1951	114
Total during epidemic,	1977	114

PENSACOLA, FLA.

The official reports of the cases and deaths from yellow fever during the past week, as reported to the National Board of Health, are as follows:

Dates.	Cases.	Deaths.
October 24,	51	5
" 25,	38	2
" 26,	37	0
" 27,	33	1
" 28,	33	1
" 29,	9	1
" 30,	19	1
Total for week,	220	11
Previously reported,	1958	164
Total during epidemic,	2178	175

Among the new cases at Pensacola were the collector of the port, Tarbell (who is also mayor of the city), and his son. The latter died on the 27th inst.

SMALLPOX IN SOUTHERN AFRICA.—Capetown and its vicinity have been suffering during the past two months from an epidemic of smallpox such as is seldom recorded in these days of general vaccination. At latest dates about four thousand cases had occurred, while the disease shows no sign of decreasing. On September 18th, 114 cases were reported and on the 19th, 144 cases. It is estimated that one-tenth of the population have been affected. Fifteen per cent. of the cases have died. The people are averse to vaccination and the authorities have made no headway in checking the spread of the disease. The foreign shipping in the docks and harbor is largely infected.

DISEASE FROM UNCOOKED PORK.—An outbreak of trichiniasis occurred in Brunswick, Germany, during

the first week of October. Two hundred cases, many of them severe, were officially reported. They originated in the consumption of sausage prepared in a meat shop of good repute. The city authorities endeavor to protect the people against accidents of this kind by a system of inspection at the slaughter-houses, but this occurrence appears to have demonstrated the inefficiency of the inspections. An investigation has been ordered.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE U.S.A.—From the advance sheets of the annual report of the Surgeon-General, U. S. A., we learn that the average number constantly on sick report during the year was nine hundred and forty-two, or forty-five per thousand of mean strength.

Of these, seven hundred and sixty-two, or thirty-seven per thousand of strength, were constantly under treatment for disease, and one hundred and eighty, or eight per thousand of strength, for wounds, accidents and injuries.

The total number of deaths from all causes reported among the white troops was two hundred and sixteen, or ten per thousand of mean strength. Of these, one hundred and forty-one, or seven per thousand of strength, died of disease, and seventy-five, or three per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one to one hundred and sixty-one.

The manuscript of the third volume of the Surgical History of the War of the Rebellion is now sufficiently advanced to allow the volume to be completed and laid before Congress during the coming session if no unforeseen delay in the printing occurs.

The Army Medical Examining Board during its session examined 216 candidates, of which there were found qualified 39, rejected 51, withdrew after partial examination 126.

The great necessity for a fire-proof building suitable for the proper accommodation of the Army Medical Museum collection and the library grows, yearly, more imperative.

The present building is over-crowded and unsuitable for the purposes intended, while its general insecurity against accident and fire, places in extreme jeopardy collections which, if destroyed, would be an irreparable loss not only to the United States, but to the world.

The museum has attained a world-wide celebrity; is second to none in the number and value of specimens illustrating military surgery and the diseases of armies, while its sphere of practical usefulness to the medical profession of the country is unlimited.

It is therefore hoped that Congress may be induced to appreciate its great value and importance and provide for the fire-proof building required to place the collections beyond the chance of loss or injury.

The Library of this Office is devoted entirely to medicine and its branches; no purchases being made of books belonging to general or miscellaneous literature. The works in it are not duplicated in any other library in Washington, excepting only those copy-right American medical books of which specimens are deposited with the Library of Congress. Many of these are also presented to this library, so that this small duplication causes very little expense. No advantage would accrue from merging this Library with any other; its size and importance, and the demands made upon it being such as to require the services of a specially skilled medical officer to make it as useful as it should be, and to preserve for it the interest of the medical profession of the country to which much of its completeness is due.

The additions to the Library during the past year include about three thousand two hundred volumes, and three thousand five hundred pamphlets, making the total number in the collection about fifty-seven thousand volumes, and sixty-three thousand seven hundred pamphlets.

The printing of Volume III. of the Index Catalogue has been completed and the edition distributed. This volume ends with the end of letter D. The manuscript of Volume IV., which will include the letter E and part of F, is nearly ready, and the first part of it is now going to press. The use of the Library by the medical profession throughout the country is steadily increasing, and the requests for information made upon it involve much research and extensive correspondence. Over three hundred such requests were received during the year, coming from all parts of the United States, and the total number of letters sent from this branch alone was over one thousand.

An estimate has been forwarded for printing Volume V. of the Index Catalogue, and it is specially desirable that this appropriation be granted in order that no delay may occur in the issue of this work, the practical value and utility of which becomes more and more apparent as successive volumes are published.

MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of this Board was held October 10, 1882, at Lansing, there being present, Hon. Le Roy Parker, of Flint, President; Rev. D. C. Jacokes, of Pontiac; Dr. H. F. Lyster, of Detroit; Dr. J. H. Kellogg, of Battle Creek; Dr. H. Hazlewood, of Grand Rapids, and Dr. Henry B. Baker, Secretary.

The President read his annual address, reviewing the work of the Board, and suggesting work for the future in the line of securing the introduction of text-books on hygiene in the schools; greater attention by localities to the pay of health officers; and some amendments to the public health laws, etc.

The Secretary presented his quarterly report of work in the office, and annual report of property for the fiscal year ending September 30, 1882.

The Secretary presented a communication relative to wounds from toy-pistols, describing the pistols and the nature of the cartridges as determined by analyses, also a report of several cases of lockjaw and death following toy-pistol wounds. He also presented a *résumé* of the works of other State Boards of Health. He also presented the statement that the immigrant-inspection service in this State had been continued through October on a reduced scale, impairing its efficiency, and he was requested to urge, on behalf of this Board, the continuation of the service through the winter with the same force as in the past summer, because this Board believes there is great danger that smallpox will be introduced by immigrants from the lower Canadian provinces.

A committee was appointed, on request of the warden of the State House of Correction and Reformatory, at Ionia, to examine the plans of desired buildings at that institution.

Dr. Lyster reported in preparation a paper on the present knowledge of typhoid fever, and he was requested to prepare his paper in the form of a document for publication in the report, and for distribution. In this connection Dr. Baker presented two diagrams showing for the years 1877–1880 the relations of deaths from that disease to population, from which it appears that the common opinion among physicians, that this disease prevails mostly between the ages of eighteen and thirty-five, and that there is little danger after forty, is not sustained by facts. A greater proportion have typhoid fever at the ages between sixty and eighty than at any other age in life.

Dr. Lyster and Mr. Parker presented, and they were

requested to complete, a report on the recent epidemic of smallpox at Flint, and they were requested to include Dr. Mulheron's report of the same outbreak.

The Secretary was authorized to issue the circular to correspondents, relative to diseases in Michigan in 1882, and the circulars and blank forms for annual reports of health officers, and of clerks of local boards of health.

The subject of compulsory registration of plumbers was referred to Mr. Parker and Dr. Lyster for the purpose of bringing it before the Legislature.

The Committee on Sanitary Conventions was authorized to make arrangements for a convention at Muskegon, about the last of November, or first week in December.

The Secretary was authorized to purchase a Thomson's quadrant electrometer, and by means of it to enter upon the observation of atmospheric electricity.

Dr. Kellogg was requested to prepare a paper on physical culture.

Mr. Parker presented a proposed bill making it a criminal offence to communicate a contagious disease, and it was ordered published in the annual report for the purpose of bringing it before the legislature.

Dr. Baker reported that he had been informed of the suspicious illness of some cattle at the State Fair in Jackson, and that other cattle which had been exposed had been taken to the fair at Grand Rapids. On his information, Dr. Murray, Secretary of the State Cattle Commission, had investigated the subject, and believed the disease to be Texas cattle disease.

In Detroit, it was stated, it was proposed to erect a "flame-ventilated" smallpox hospital, as proposed by Dr. Wight, the health officer. Members questioned the practicability of the plan, and it was referred to a committee.

A committee, consisting of Mr. Parker and Rev. Mr. Jacokes, was appointed on a plan for the regulation of medical practice.

Dr. Kellogg suggested some action by the Board relative to having sanitary science taught in Michigan colleges.

Mr. Parker presented a report of the meeting of the American Social Science Association, presenting abstracts of the several papers on health subjects.

After transacting routine business, the Board adjourned. Its next regular meeting will be held on January 9, 1883.

INDORSEMENT OF NATIONAL BOARD OF HEALTH.—The following resolutions were unanimously adopted by the Sanitary Protective Association of Newport, R. I., at its regular monthly meeting, October 12, 1882:

Whereas, The good that was seen effected by the National Board of Health in protecting the country from the entrance and spread of infectious and epidemic diseases, in aiding State and local boards, and in stimulating them towards a more energetic performance of their duty, in investigating into the true nature, causes, and methods of reproduction of zymotic disease, in collecting and generalizing mortuary and health statistics, in giving a sense of greater security to every citizen, and in exciting all classes of society to a more intelligent appreciation of sanitary needs, has been from its first establishment well known to the members of the Sanitary Protective Association of Newport, R. I., as individuals, and to the Association as such; and

Whereas, The city of Newport has especial reason for gratitude to the National Board for its prompt action in response to the requests of the Association, in obtaining a change of the quarantine ground from its dangerous position in shore to a location more remote, and in making a thorough house to house inspection of the city; therefore,

Resolved, That the Sanitary Protective Association has perceived with regret the check that has been temporarily given to the usefulness of the National Board of Health by the failure of the Forty-seventh Congress to grant the requisite annual appropriation.

Resolved, That the Association is confident that this failure to supply its usual support to the Board has been owing to a misapprehension by Congress as to the importance and necessity of the functions of the National Board, the amount and value of the work it has accomplished, the assistance it has rendered to commerce through removing, lessening, or simplifying the restrictions previously upon it, and the cost of employing skilled agents competent to perform their various and responsible duties.

Resolved, That the Association sympathizes with the Board in its present disabilities, fully endorses its usefulness and activity in the past, and expresses the hope that at the coming session of Congress such action may be taken as will relieve it from its present embarrassments and insure it a better appreciation in the future by the representatives of the people whom it benefits and guards.

Resolved, That the above resolutions be transmitted on behalf of the Association to the Secretary of the National Board of Health, to be used as may best serve the interests of public sanitation.

ACTION OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY WITH REFERENCE TO THE ARMY MEDICAL MUSEUM AND LIBRARY.—At the last stated meeting of the Philadelphia County Medical Society the following preambles and resolution were unanimously adopted:

Whereas, There is reason to fear that at the next session of Congress an effort will be made to destroy the identity of the great Medical Museum and Library at Washington, by merging them into the general Congressional Library, and placing them under the control of the latter; and

Whereas, Under their present management this Museum and Library have grown to be the most valuable collections of their kind in the world, and are consequently of incalculable value to the cause of medical science, thus rendering their preservation and progress objects of deep interest to the medical profession of this country; therefore

Resolved, That the Philadelphia County Medical Society earnestly but respectfully requests the Honorable Senators and Representatives of Congress to make no change in the present management of the Army Medical Museum and Library, but would earnestly urge upon Congress the importance of providing a commodious fire-proof building in Washington for better preservation and protection of these invaluable collections.

THE KINGS COUNTY MEDICAL SOCIETY AND THE NEW YORK CODE.—The following is the text of the resolution offered by Dr. E. R. Squibb, and which was made the special order of business at the stated meeting in November, of the Kings County Society:

Whereas, It is known through the delegates of this, The Medical Society of the County of Kings, to the Medical Society of the State of New York, that the latter body did, at the annual meeting in February last, first discuss the abrogation of the entire Code of Ethics, and, that proposition having failed, did adopt the report of its Committee on the Code of Ethics, whereby that part of the Code which relates to consultations was not only practically abrogated, but a clause was substituted declaring that "members of The Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine," which is in direct opposition to the former Code and to the Code of the American Medical Association; and

Whereas, This Medical Society of the County of Kings is in affiliation with, and is represented in both the Medical Society of the State of New York and the American Medical Association, it now finds itself with two Codes of Ethics which are in direct opposition upon the important subject of consultations, and with a by-law enforcing the Codes of both these bodies. If this County Society obeys the legislation of the State Society, it must give up its affiliation with the National Association; while if it holds to the Code of the National Association, it must lose its right of representation in the State Society by this rejection of its by-laws; therefore, be it

Resolved, That this Society earnestly desires to retain its relations with both the State Society and the National Association, and, if possible, will do nothing to sacrifice its right to representation in either body.

Resolved, That this Society deprecates the principle of the State Society taking revolutionary action upon matters of general and important professional interest without consulting the wishes of its constituent county medical societies directly upon the points to be legislated upon.

Resolved, That this Society regrets the action of the State Society in regard to this clause in the Code of Ethics, and respectfully asks that the action may be reconsidered and reversed at the next annual meeting.

Resolved, That this Society is in favor of having a Code of Ethics, and of having one that may be in substantial accord with the principles of the old Code of the State Society and the present Code of the American Medical Association.

Resolved, That a copy of this preamble and resolutions be forwarded by the delegations of this Society both to the State Medical Society and the American Medical Association, and that the said delegates be instructed to vote on this subject in the interest of these resolutions, upon whatever issue may arise concerning Codes of Ethics or their abrogation, because these resolutions express the will of a majority in the Society to be represented by said delegates.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—At the annual meeting held October 23d, the following officers were elected for the ensuing year:

President.—David Webster, M.D.

Vice-President.—Andrew H. Smith, M.D.

Secretary.—Dr. Wesley M. Carpenter.

Treasurer.—Dr. Orlando B. Douglass.

Censors.—Drs. J. D. Bryant, H. B. Conrad, F. R. Sturgis, Daniel Lewis, W. R. Gillette.

Delegates to the Medical Society of the State of New York.—Drs. J. W. Howe, F. P. Foster, E. Gruening, D. Lewis, A. Gerster, R. M. Fuller, J. S. Warren, A. V. B. Lockrow, W. F. Mittendorf, D. Webster, C. L. Dana, A. H. Smith, J. H. Ripley, S. Sexton, P. F. Mundé, C. S. Bull, E. L. Partridge, W. M. Carpenter, L. Johnson, V. P. Gibney, O. D. Pomeroy, A. Hadden, W. T. Alexander, G. B. Fowler.

CLINICAL SOCIETY OF MARYLAND.—The following officers have been elected for the session of 1882–83:

President—Dr. Samuel Theobald.

Vice-President.—Dr. B. B. Browne.

Recording Secretary.—Dr. J. W. Chambers.

Treasurer.—Dr. T. A. Ashby.

Corresponding Secretary.—Dr. Randolph Winslow.

Executive Committee.—Drs. J. Edwin Michael, I. E. Atkinson, and George H. Rohé.—*Maryland Medical Journal*, October 15, 1882.

FEMALE OBSTETRICIANS AT THE PHILADELPHIA HOSPITAL.—At the recent election of visiting physicians at the Philadelphia Hospital, Blockley, two female physicians were appointed by the Board of Guardians on the Obstetric Staff of the Hospital.

THE STUDY OF ANATOMY IN THE STATE OF MARYLAND.—Two important laws have recently been passed by the Maryland Legislature, legalizing the practical study of anatomy and providing for the use of bodies, as subjects, of persons who would otherwise be buried at the public expense.

THE JOHNS HOPKINS MEDICAL SCHOOL.—It is announced that the Trustees of the Johns Hopkins Hospital intends to open that institution and the medical school to be connected with it, in the fall of 1883.

RECEPTION TO PROF. S. D. GROSS.—Drs. J. Marion Sims and Harry Marion Sims gave a large and brilliant reception to Prof. Gross on Thursday evening at the Brunswick, New York.

SCARLET FEVER IN LONDON.—London is at present visited by a serious epidemic of scarlet fever. On the 10th ult., there were 593 cases of fever, principally scarlet fever, in the Asylums Board's hospitals.

PERSONAL.—DR. LEO GERLACH has been temporarily appointed "extraordinary" Professor of Anatomy in the University of Erlangen.

PROF. PAUL VOGT has been called to Greifswald, in Hueter's place.

PROF. HUEBNER will succeed Erb, in Leipzig, who has been called to Heidelberg to the chair rendered vacant by the death of Prof. Friedreich.

THE PROMOTION OF THE STUDY OF PHYSIOLOGY.—By the will of the late PROF. F. M. BALFOUR, $5,000 is bequeathed to Dr. Michael Foster, to be applied by him to the promotion and encouragement of the study of physiology.

DR. C. R. AGNEW ON ETHICS.—In the October number of the *New York Medical Journal* is a long and labored article by Dr. C. R. Agnew, of New York, on the Limits of Medical Ethics. Some time since a learned metaphysical essay upon the same topic, by a well-known lay scholar of the State of New York, was given to the profession in a communication addressed, if we mistake not, to Dr. Agnew. In June last Dr. A. attended the meeting of the American Medical Association at St. Paul as a representative of the "new departure" in medical ethics made by the State Medical Society of New York. The attempt to carry such "reforms" into the national Association met with an overwhelming rebuke from that body. The voice of the Association was of no uncertain tone. The temper of that assemblage on this subject was manifest from the beginning to the close of the session. The meeting was largely attended, and its representation was thoroughly national in character. Dr. Agnew must have keenly felt the rebuke to the movement he was so earnestly pressing on the profession in the enthusiastic declaration of so large and respectable a body of his professional brethren.

Since that time the county societies of the State of New York, whose delegates compose a majority of the State Society, have unequivocally repudiated and rescinded the action of last year which established the new code. Even the homœopaths—and for all we know, the eclectics and clairvoyants—have declined to accept the privileges afforded by the wide latitude which the new code confers upon consultations; and yet, after all this, Dr. Agnew continues to urge the movement on the attention of the profession.

The article before us has this tragical motto at its

head: "Where liberty is gone, life grows insipid and has lost its relish.—ADDISON." It purports to be a reply to Dr. E. R. Squibb's able article upon the new code, which appeared last July, but it is in the main a recapitulation of the old, illogical arguments for abolishing the Code of Ethics. The claims that gentlemen need no laws to govern their intercourse with one another, and that nothing but good can come from the utmost freedom in consultation, are here renewed, with the familiar illustrations. He advocates consultations with all classes of irregular practitioners, and favors the adoption by Congress of Senator Cameron's resolution making it an offense to discriminate in favor of any "school of medical practice" in the appointment of candidates for medical service in any of the departments of the Government. He alludes to the "Old School of Medicine" when meaning the medical profession, and complains of the restrictions of the Code of Ethics of the American Medical Association.

There is only one feature of the entire matter to which we desire to direct attention at this time. We have called attention particularly to the fact that the great objection made to *the* Code is its restrictions in the matter of consultations. So far as liberty is concerned in general professional relations with the public, the profession, and patients, we can not see how objection could be offered to that admirable application of the golden rule. It is the part which relates to consultations which furnishes the theme of Dr. Agnew's article, and to which our brethren in New York have from the beginning directed their attack. When it was observed that the most prominent and active advocates of the new code at that slimly-attended meeting of the New York State Society in which it was adopted were prominent specialists, the suspicion arose in every mind that a desire for consultation with irregulars for the pecuniary advantage it would give, prompted their action. That this was the true motive of their conduct was freely charged, and it was indignantly repelled by the organ of the new departure in medical ethics.

Now, we would ask, is this persistence in urging the matter on the profession, in the face of the events of the past six months, calculated to remove this impression from the mind of that large and respectable body known as the medical profession? The profession of the entire country has expressed in unqualified terms its views and purposes relative to the movement inaugurated by the New York specialists, and it only remains for the advocates of the new code to accept the situation gracefully or to go out among the irregulars. One horn of this dilemma is inevitable.—*Louisville Medical News*, October 21, 1882.

HEALTH IN MICHIGAN.—Compared with the average of reports for the months of October in the preceding five years, all diseases named in this report, except influenza, puerperal fever, and smallpox, were less widely prevalent during the week ending October 21, 1882, than usual.

The reports of the State Board of Health for the week ending October 21, 1882, indicate that rheumatism, dysentery, remittent fever, and influenza, have increased, and that inflammation of the bowels has decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during the week ending October 21st, and since at twenty-two places, scarlet fever at eleven places, and measles at three places. Smallpox was reported at Niles October 21.

OBITUARY RECORD.—Died, on September 23, in Göttingen, the celebrated chemist PROF. FRIEDREICH WÖHLER, in the 84th year of his age. Prof. Wöhler commenced his chemical studies in Heidelberg with Gmelin, and for a year worked with Berzelius in Stockholm. In 1825 he went to Berlin, and in 1827 was elected Professor in the newly founded "Gewerbeschule," where he discovered the elements aluminium and beryllium. After living for five years in Cassel, he was called in 1836 to Göttingen, where he remained up to his death. He was associated with Liebig in editing the "*Annalen der Chemie und Pharmacie*," and with Poggendorff in the "*Annalen der Chemie und Physik*." His text-book of chemistry has had a wide reputation.

——On September 14, in Paris, GEORGES LECLANCHÉ, in the 44th year of his age. M. Leclanché is best known as the inventor of the peroxide of manganese battery which bears his name.

NOTES AND QUERIES.

DR. REITERS' REMEDY IN SCROFULA.

To the Editor of THE MEDICAL NEWS.

Dear Sir: Amongst the editorials in THE NEWS for October 7, there is one in regard to Dr. Reiter's remedy for inveterate psoriasis by the use of a saturated tincture of burdock seed. I wish to add my testimony to its efficacy in that class of cases usually termed scrofulous. About eighteen years ago, an old lady cured a patient of mine—a boy, five years old, who had been suffering from enlarged and suppurating glands in the cervical region, which had resisted all the usual tonic and alterative remedies—in about six weeks, by giving teaspoonful doses of the saturated tincture three times a day. I have since found it to be nearly a specific in that form of trouble, and in that condition of system characterized by a scaly eruption on the scalp and indolent ulcers behind the ears, occurring in unhealthy children, it almost invariably gives prompt relief. The tincture of the root will not do.

Respectfully,
W. H. CYRUS, M.D.

NOBLESVILLE, Ind., October 23, 1882.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S. ARMY, FROM OCTOBER 23 TO OCTOBER 30, 1882.

TURRILL, HENRY S., *Captain and Assistant Surgeon.*—Assigned to duty at Fort Omaha, Nebraska.—*S. O. 112, par. 3, Department of the Platte, October* 23, 1882.

BANISTER, JOHN M., *First Lieutenant and Assistant Surgeon.*—The leave of absence granted by par. 5, S. O. 203, Department of the Missouri, October 10, 1882, is extended one month—*S. O. 113, par. 2, Military Division of the Missouri, October* 23, 1882.

WILSON, GEORGE F., *Assistant Surgeon.*—Is relieved from duty at Vancouver Barracks, Washington Territory, and assigned to duty at Fort Townsend, Washington Territory.—*S. O. 148, par. 1, Department of the Columbia, October* 6, 1882.

OWEN, WM. O., JR., *Assistant Surgeon.*—Is relieved from duty at Fort Townsend, Washington Territory, and assigned to duty at Vancouver Barracks, Washington Territory.—*S. O. 148, par. 1, Department of the Columbia, October* 6, 1882.

BUSHNELL, GEORGE E., *First Lieutenant and Assistant Surgeon.*—Extension of one month's leave of absence is revoked.—*S. O. 247, par. 2, A. G. O., October* 23, 1882.

KANE, JOHN J., *Assistant Surgeon.*—Whose leave of absence granted October 9, 1882, Department of the Missouri, is extended two months.—*S. O. 247, par. 3, A. G. O., October* 23, 1882.

WYETH, M. C., *First Lieutenant and Assistant Surgeon.*—Will be relieved from duty at Fort Meade, Dakota Territory, upon his return from detached service and will proceed to Fort Yates, Dakota Territory, and report to the commanding officer of that post for duty.—*S. O. 172, Department of Dakota, October* 19, 1882.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked,

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*